The treatment for a worldwide disease…

2015



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# **Summary**

The counsellors from the therapeutic community of Renarkon have requested an innovative update of their present program which has been used since 1997 without going through big adaptations. There was no clear view on the contribution of their program to the successful counselling of drug addicts. We have been asked to research two program components: group counselling and individual counselling.

This research is built around the following key question: ‘How does current literature describe successful counselling of drug addicts by means of group counselling and individual counselling, and how does this relate to the program and the experience of clients and counsellors at Renarkon?’. We want to provide insight for the counsellors from the therapeutic community of Renarkon about the success factors of group counselling and individual counselling. Our specific aim is to discover an approach for adapting these two program components to be more effective for drug addicts. By doing so, we hope to offer a solution which will enlarge the effectiveness of the program and match the present vision of the counsellors.

In order to accomplish this, we have conducted literature research into the contribution of counselling the clients at Renarkon successfully, by means of group counselling and individual counselling. First, we described the view of current literature on successful counselling of drug addicts in these two program components. As a result we have offered perspectives to look in a diverse way at the two program components. Besides the support of literature, we have used interviews to determine the experiences of our target group. In that way we have been able to paint a clear picture about the experiences of clients and counsellors with group counselling and individual counselling.

Upon completion of the data analysis we compared the results of the literature research to the experiences of clients and counsellors. We discovered a gap between the individual education of the counsellors at the therapeutic community. Furthermore, we have also detected that clients greatly value receiving reflections and feedback. However, the opportunity is not always used to provide the counsellors with reflections and feedback. Therefore we recommended to apply more structure to the possibility for clients to give their individual counsellors feedback.

Inhoud

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# **Preface**

This is the research report from Marijn van Baaren and Marco van der Giessen. It is the outcome of an applied research within the framework of completing our Bachelor courses/degrees in Socio-Pedagogical Care and Social Work & Services at the CHE University of Applied Sciences in Ede.

This research has been commissioned by Renarkon and our specific objective was their therapeutic community which treats drug addicts. The study is intended to provide guidance on the components group counselling and individual counselling within the therapeutic community.

*Aim*

The purpose of this study is to look at the similarities and differences between literature and the experiences of clients and counsellors in the therapeutic community regarding group counselling and individual counselling. Recommendations that come from this comparison will help caregivers to improve their care to the clients.

**Acknowledgements**

At first, we would like to thank Renarkon for creating this thesis research position for us at their organization. A special word of thanks goes to Mr. Sorbek, our supervisor at Renarkon. He made it possible for us in the first place to carry out our thesis at this location. It was pleasant and nice to experience all the efforts he did for us. He took care that we were able to conduct the interviews with the counsellors and clients. Besides he served as a big support while serving as translator during these interviews. We also would like to express our appreciation to Thirza, who translated our first interview and functioned as a translator during the presentation. Furthermore, we would like to thank our university supervisor Albert van Dieren. He provided us with feedback and advice to improve our thesis research and counseled when we had difficulties. As well we would like to thank everyone who has read our research report and gave us feedback on the content, spelling and grammar.

It is our aspiration that the counsellors of the therapeutic community will get an improved insight of the aiding factors, and how to improve the less supporting factors.

Marijn van Baaren & Marco van der Giessen

Ede, June 2015

# **Chapter 1 methodology**

## **1.1. Introduction**

The Czech Republic has been a democracy and independent state for over twenty years. Both the political – and healthcare system has undergone numerous developments. This is proven by the fact that the healthcare system which was controlled by the government has been transformed into a system with a free market mechanism. Organizations that offer healthcare to the Czech population have found a new way to survive. These organizations are influenced by international healthcare. The Czech Republic has a well developed healthcare system at this moment, in which the health insurances and financial support take the people into account that are in need of it.

This research has been conducted for the Renarkon organization which was founded in 1997. Since their founding, the organization uses a specific method to treat drug addicts. Even though this program has been adapted several times, the organization expects it can be improved. Therefore, Renarkon is performing an internal research. In the Plan of Approach we have explained the establishment of our research question and the details of our study.

## **1.2. Occasion**

Background information on the Czech Republic:

Communistic ideologies and principles have been influencing the Czech Republic for a long period. Since 1989 the Czech Republic began to develop itself into a democracy, followed up by the first democratic elections in 1990. Due to the fact that the Czech Republic was influenced by the former Soviet Union, nearly all institutes were owned by the state. The health system was also influenced by the Soviet Union. A big liberal movement took place within the Czech Republican health system at the beginning of the 90’s. The health system changed into an insurance system from that moment on. Through liberalization a new approach was created of financing and privatizing the health system (Rokosová & Háva, 2005). Renarkon was established in 1997 as the result of increased drugs usage in the Czech Republic and the privatization of healthcare. The healthcare system in the Czech Republic is relatively new and being fully developed at this moment.

Organisation:

Due to increasing figures of drug usage in the Czech Republic, the local authorities came to the conclusion that a policy was needed to organize the health care. As a result of this decision rehabs were established all over the Czech Republic, including Renarkon in the city Ostrava. Renarkon is supported by four financial sources: donations (40%), the central Czech Republic government (25%), and the Ostrava municipality (25%). Renarkon receives an additional funding (10%) from employers where its clients conduct their daily activities. These are amongst others: horse farms, metal factories, hotels and the Celadna municipality. Clients do not pay a contribution for participating in the program, food and lodging, since most of them (95%) cannot afford it in general for the reason of being in depth (Renarkon, 2014). The costs of this program are funded by the Czech Republic healthcare system. Renarkon offers seven different services:

* A long term prevention program
* Interventions in the primary stage
* A street activity program
* A contact center
* An aftercare center
* An association for clients who successfully finished the program
* Therapeutic community

The research has been focused on the therapeutic community which has room for a maximum of five clients. The clients receive fulltime support to get cleared from their addiction. Renarkon has a client orientated vision with regards to social work. Amongst others, this is characterized by focusing on the client’s needs and perceptions, an approach that Renarkon pursues in the treatments they do. Therefore, they try to analyze the needs of the client through careful listening and adapt the treatment whenever needed. Besides, every client gets individual attention to discover methods that help him get rid of his addiction. Renarkon believes this is the most effective way of giving aid. As well as focusing on the needs of the client, according to Renarkon it is also important to pay attention to the system of the client. This is considered important because the system can affect the recovery process. For some clients it is important to focus on the medical aspect and debt counselling. Renarkon considers it necessary that occasionally additional medical care is required, such as medication during the detoxification. Debt counselling is used to prevent relapsing.

Programs at the therapeutic community:

The program at the therapeutic community is mainly focused on group counselling, individual counselling and day activities. The clients receive a daily structure and routine this way. Every client has a personal plan with daily tasks and targets he/she[[1]](#footnote-1) has set himself to accomplish. Besides the three previous mentioned therapies, their additional options are:

* Drama therapy
* Anti-Stress programs
* Relaxation
* Social skills training
* Taking responsibilities training
* Thematic and educational therapies
* Leisure time activities
* Family therapies
* Relapse prevention
* Abstinence tests
* Health Care

Group counselling and individual counselling are crucial elements of the treatment. The group counselling sessions are designed to discuss topics that clients face in their treatment. These sessions are given daily. Renarkon discusses themes which are based on relapse prevention. Leisure activities and dealing with relationships in a constructive way are examples of this.

Every client has a personal coach who does individual counselling interviews in which traumatic experiences and personal subjects are discussed.

In addition to group counselling and individual interviews, clients are also assisted in repaying any debts (Renarkon, 2013).

Four passing stages for clients during their stay:

The client passes through four stages during his admission (Sobek, 2014). In every stage the client gets more freedom, responsibility and other important duties to complete the program. The division of the phases for the clients, at the time of writing this research Plan of Approach, is as follows: 0) one client, 1) four clients, 2) eight clients and 3)

**Stage Zero**

Stage Zero takes four to six weeks and is meant for the client to decide whether he wants to follow the program indeed or cancel it beforehand. The client must arrive *‘clean’*[[2]](#footnote-2). There is a *‘zero tolerance’* policy during his whole stay.

There are a number of rules for Stage Zero:

* The client is not permitted to be in touch with people from outside of the therapeutic community. This way the client will realise he is responsible for his own treatment. He has a lot of time to think about his treatment. It is only permitted to leave the community under supervision of a staff member, or a client from Stage Three.
* Transparency and honesty are required to create true change.

**Stage One**

At Stage One, the client becomes a full member of the community and it takes two to three months. It is important that the clients develop themselves into taking more responsibilities during this stage. He is only permitted to be in touch with family members that do not have a direct connection with drugs. In this stage, the emphasis lays on the restoration of family relationships through visits which family members may pay to the clients. This visit may only be once per month and is meant for family members only. Contact by phone is only permitted in the presence of a client from a higher stage. Whenever the clients want to leave the community, somebody from a higher stage has to accompany them.

**Stage Two**

At Stage Two, the clients obtain more responsibilities for others. For example, they have the opportunity to fulfil a buddy position for clients at a lower stage and it is important that they are an example to them. The clients develop their personal themes in this stage which takes from three until six months. They are only permitted to leave the community with permission of the staff. This also is the case for receiving visitors. The clients try to find out their strengths and weaknesses in this stage. Finally, they are given increased responsibilities and learn how to deal with difficult situations.

**Stage Three**

Clients at Stage Three live separately from the other members of the community in order to become more independent. They are gradually working towards the reintegration into society and are permitted to work outside of the community. This is a challenging stage because the client leaves the community in which he established relationships and received conformations which will not always be there outside of the community. The clients will have to learn (again) how to live independently. Therefore, they are only given individual counselling. The whole stage is approximately one until two months.

The targets of this stage are:

* Manage skills in daily reality and prepare themselves for their return into society.
* The client takes distance from the community and expands his autonomy and independence.
* To obtain a job outside of the community.

When a client is not ready for a certain stage, the team will decide whether he must return to a previous stage. This also is the case when a client does not obey the regulations (Renarkon, 2013).

Target group:

The program of the therapeutic community is focussed on drug addicts. Mr. Sobek[[3]](#footnote-3), the coordinator of Professional Services from Renarkon, told us that clients regularly have an alcohol addiction in addition to their drug addiction. Renarkon does not offer treatments for that because they do not have the required licence. However, Renarkon does not distinguish between the types of drugs their clients are addicted to.

We have been researching the experiences from the clients and counsellors within group counselling and individual counselling in our studies. Furthermore, we have examined how the program relates to recent literature. The clients, who are partaking in this program, have been the subject matter in this research. The counsellors from the therapeutic community have served as our client for which we conduct the research. Our recommendations will be directed to the counsellors.

Figures from Renarkon:

60% of the clients successfully finish the program. However, Renarkon does not know whether this group remains to abstain from drugs upon completion of the program. It is not possible to maintain contact after finishing the complete program by reason of insufficient budget. 40% of the clients does not complete the program as they cannot resist the temptation any longer of using drugs. There are eleven comparable communities for drug addicts in the Czech Republic. The number of clients that successfully complete the program is nearly comparable in these other organizations, according to Renarkon.

The social economical status of clients treated by Renarkon:

* Middle-Class (50%)
* Lower-Class (40%)
* Upper-Class (10% (Sobek, 2014)

## **1.3. Problem Definition**

Renarkon works with the present program since 1997. No big changes have taken place since Renarkon implemented the program. As a result, they do not know which parts of their program contribute to the successful guidance of drug addicts and which success factors appeared from recent research. We have done research about group counselling and individual counselling. This has been compared to recent academic literature about successful counselling within group counselling and individual counselling in addiction treatment.

## 1.4. Research Question

How does current literature describe successful counselling of drug addicts by means of group counselling and individual counselling, and how does this relate to the program and the experience of clients and counsellors at Renarkon?

Sub questions:

* How does current literature describe successful counselling of drug addicts in group counselling?
* How does current literature describe successful counselling of drug addicts in individual counselling?
* What experience do clients and counsellors have with group counselling and individual counselling that Renarkon offers?

## 1.5. Aim

The aim of this research is:

* To formulate how recent literature describes successful counselling of drug addicts in group counselling before June 2015.
* To formulate the experiences which clients and counsellors have with the group counselling and individual counselling that Renarkon offers before June 2015.
* To formulate how the program relates to recent literature regarding addiction treatment.

Product:

We have written a research report in which we have described the similarities and differences between recent literature, and group counselling and individual counselling that Renarkon offers. Upon completion, we have made recommendations to improve the group counselling and individual counselling. This research report is intended for the employees of the therapeutic community and the coordinator of Renarkon. They will discuss our findings, results and recommendations themselves.

## 1.6. Responsibility and description methodology

Research Methodology:

We have worked according to the qualitative survey research methodology in order to conduct our research in a good matter (Baarda, de Goede, & Teunissen, 2009). Furthermore, we have got an idea about how successful counselling through group counselling and individual counselling is described in literature. This information has been compared to the program, the counsels that are given and the experiences from clients and counsellors at Renarkon. We have used research papers in our studies from international databases. In addition, we have interviewed clients and counsellors about their experiences with the program. Source documents from Renarkon has been used to describe the present program in sub question three. The use of literature research and interviews can also be described as data triangulation (Baarda, de Goede, & Teunissen, 2009)

Literature Research:

We have used recent scientific literature and studies about group counselling and individual counselling. The focus has been on the success factors in these types of counselling. We have used scientific research from international databases as literature sources. We have done this in order not to limit ourselves to a certain number of insights from some Dutch or Czech literature. In this way, we have obtained well-founded and reliable sources of information. The literature that we have used must at least be from the year 2000. In this manner we have kept the information relevant to our investigation.

For the construction of the two sub questions regarding our literature research, we have chosen to first write a more general paragraph in both sub questions. By doing so, we have applied a gradual profundity per sub question. In order to shorten the answer to the main question we have chosen to further develop only four approaches on the basis of the first and second sub question. These are the following approaches with the argumentation why we choosed for these approaches:

*1. Client Centered Approach*

We have chosen for the client centered approach because it connects to the vision of Renarkon. By using this approach, we could easily investigate whether they work client centered in practice.

*2. The Solution- Focused Approach*

This approach is used frequently with group counselling, making it relevant to our research project. Furthermore we wanted a postmodern approach for sub question one, just as we chose motivational interviewing at sub question two. We have chosen to limit the Solution – Focused Approach description to group counselling since it mostly appeared there in our preliminary research.

*3. Motivational Interviewing*

Motivational interviewing is commonly used for counselling drug addicts in The Netherlands. A lot of research has been done on this approach and it proofed to have an effective outcome. We selected motivational interviewing for individual counselling, since this method is used a lot for individual counselling according to our preliminary research. This is a post modernistic approach just as the Solution – Focused Approach.

*4. Cognitive Behavioral Approach*

Cognitive behavioural Approach has a contrary view in comparison with the client oriented approach. It emphasizes the cognition changes and the counsellor has a whole different position. It is based on the role of the expert supervisor in rather than the expert role of the client. We also choose this approach because is has been researched by many and a proven scientific methodology. It can be deployed in both, group counselling and individual counselling.

In order to keep a clear overview in our literature research we have chosen to use the similar paragraphs and sub paragraphs for both sub questions.

Topic List:

We have used a topic list for conducting our interviews, since that is more flexible than having a structured interview. Our research question has been used to create the topic list, which is only possible after finishing the literature research. We have used a “psychological” order to generate the topic list. Meaning, the uncomplicated topics has been followed by the complex ones (Baarda, de Goede, & en Teunissen, 2009). The information from the literature research has been used in our interiews. By doing so, we can ask quantifiable questions to create an objective comparison with the literature. As a result, we have been able to compare the results of the literature research with the experiences of clients and counsellors. Two separate topic lists has been made for the clients and the counsellors.

Interviews:

We have carried out interviews to collect data and information about the experiences of the program sections Renarkon offers at this moment. At first, five out of seven counsellors has been interviewed. We have received sufficient information for answering our research question by interviewing half of the counsellors. We have interviewed two counsellors who have a little expierence, and three expierenced ones. Counsellors without much expierence can sometimes expierence the program differently than their colleagues who have been familiar with the program for a longer period. As a result we have obtained a broad picture of the experiences of the counsellors who has been selected in consultation with the team leader of the community.

We have interviewed one pair that executes group counselling and one pair that gives individual counselling. This is called a group interview, which means that we are going to interview two counsellors per interview (Baarda, de Goede, & en Teunissen, 2009). By doing so, the counsellors can complement each other during the interview and the differences in the perception may become more evident. We planned to do an extra interview with the counsellors. The information that we retrieved from the first interview did not offer us profundity and insufficient useful data. We have interviewed ten out of fifteen clients who participate in the therapeutic community. In this manner a substantial majority of the clients has been interviewed. We have got a clear view on the program expierences of clients by doing so.

We have interviewed one client out of two at Stage Zero, two out of three clients at Stage One, six out of eight clients at Stage Two, and one out of two clients at Stage Three. In any case, we have interviewed the client who is participating in the program for the longest period because he has got the most experience with the program. We made this division based on the numbers per stage. Through this approach we have the possibility to collect client expierences from as many stages as possible. We have checked if information saturation takes place after interviewing six clients. We have looked at the topic list critically and adapted where necessary.

We established core labels based on the retrieved data from the interviews. Therefore, we took a look at the approaches and tried to make core labels for group counselling and individual counselling. There weren’t sufficient core labels for individual counselling, for that reason we decided to create core labels that are related to the amount of data. In this case, it has been done for group dynamics and the professional stance of the counsellors. That way the core labels turned out to be around the same extent. We have chosen to make a core label for every approach in order to maintain the same structure as in sub question one and two. We merged motivational interviewing and the solution-focused approach into a core label named, Post-Modern Approach.

Conclusions and Recommendations:

We have made a comparison between the literature research and the interviews in the conclusions and described the similarities and differences between the data. Our conclusions and recommendations has been substantiated with data from our research. We decided to merely base our recommendations on the interviews with the counsellors. This was not obvious in our comparing research, but since we thought it was a remarkable difference we choose to do a recommendation about it. The structure of our conclusion is based on the core labels instead of the structure from the first two sub questions.

Possible Difficulties in our Research:

**General Risks:**

We are aware of the potential difficulties that the language barrier can bring. This can lead to misscommunication, especially during the interviews. We will need an translator because almost none of the interviewee speaks English. Two employees at Renarkon can translate for us. We are conscious of the risk that the information can change by the translation and it makes our research less reliable. English is a second language for both us, and the staff at Renarkon. This can lead to miscommunication and will be avoid this as much as possible by keeping close control on situations in which we do not understand each other.

We prefer to work with one translator as much as possible during our interviews as it makes the information more reliable. Our first translator is an employee from Renarkon. She has studied Social Studies in the United States for three years and speaks English very well. This will improve the reliability of our research because the translation will be more trustful as a result of less misscommunication. The coordinator will translate for us whenever she is not available. The employee who studied in the US will check our interviews by listening to the audio recordings in combination with reading them. When she discovers that this is not needed after a number of interviews, she will communicate this to us so we do not have to take it into account any longer.

Drug addicts have the tendency to externalise their problems. Whenever we ask questions with possible subjective answers the danger arrises they will respond negative about Renarkon. According to research, addicted clients have 8.4% more change than non-addicted clients to externalise their problems (Chan, Dennis, & Funk, 2008). We will prevent subjective answers as much as possible by asking for facts, and creating measurable questions. Such as, “in which areas has this therapy been helpful to you’’? We can compare the answer to literature. If the clients continue to give us subjective information we will adapt the topic list.

We have been depending on the coordinator, who is also our coach, in a lot of ways. He has provided us with transportation to the therapeutic community. In addition, he has translated certain information from Renarkon for our research. Our interviews need to be well prepared since we are depending on him. We plan on conducting three interviews with employees in the first week of our research. In case the coordinator is sick for a long period, our colleague Petra will assist us. This prevents us from getting behind with our research. For transportation, we have a public transport card and we can easily purchase tickets to travel to the therapeutic community if needed.

**Cultural Aspect Related Risks:**

Masculinity is the biggest culture difference between the Czech Republic and The Netherlands. Czech culture tends more towards a masculine culture than the Dutch does. A consequence of this difference may be that we are seen as important because we are both men. For this reason, we have to be careful in dealing with female colleagues at Renarkon. We do not want to give the wrong impression. Another point of concern that arises to us from the difference in masculine cultures, is the hierarchy. The hierarchy in the Czech Republic plays a clearer role than in the Netherlands. For example, we are accustomed to just walk into the director's office. In the Czech Republic, we will have greater respect for the roles and functions, so to not offend anyone.

To get as much as possible prior consent of clients, it seems good to start with the leader in the community. He has a function as role model. This implies that others that are in a lower class will be fast to follow. We therefore hope that the leader can convince the rest to also take part in the interviews.

Hierarchy will also play a role in arranging interviews with employees of Renarkon. To respect the hierarchy, we will ask the team leader which employees we could interview. The team leader will then instruct the staff to participate in our research. We will meet the team leaders for the first time on the Second of February. During this interview we will ask if we can interview employees.

The index of individuality of Dutch culture is higher than that of the Czech Republic. The Czechs seem to be more interdependent. It leads to fewer initiatives on the job. Perhaps the employees expect less creativity from us as it is like that in their culture. Therefore, we should be alert to stay creative and innovative. In addition we want to watch to continue to show initiative (Vanžurová, 2012). To avoid misunderstandings about this, we will ask the team leaders what they expect of us concretely. We will also tell them what our expectations of them and the research is.

## 1.7. Research Structure

We have written our research report after investigating literature, conducting interviews and comparing both of this information. The research report has been divided in five chapters. Chapters two until four include the sub questions. Finally, the fifth chapter is the conclusion.

In the first chapter we have described the background, context, problem definition and research questions. Besides has described our targets and methodology of data analysis. Also a schedule has been added with the required numbers of hours for conducting interviews, information analysis and writing the research report.

Chapter two, describes the first sub question. We have gone into greater depth on the successful factors that emerge in contemporary literature on group counselling.

Chapter three, has the similar structure and outline as chapter two. However, the difference is that this chapter focuses on individual counselling.

Chapter four, has described the program of Renarkon with regards to group counselling and individual counselling. After that we have worked out the results from the interviews.

Chapter five, describes the conclusions and recommendations. We have explained and described the new information, insights and answers. Moreover the recommendations will be made known in this chapter and we have added suggestions on how Renarkon can implement them.

## 1.8. Resources, Schedule and Individual Parts

Resources:

We have both partly used our apartment, and the office of Renarkon during our research. Most time has been spent at Renarkon, since we can work more focussed there. We has done our literature research at the office because we also needed to discuss things with our coach. Our memberships of the Royal Library has given us access to essential sources, and most of the important international databases. The interviews take place in the therapeutic community, located 50 kilometres from Ostrava. We have been brought there by the coordinator or another colleague. The interviews has been recorded and written out by means of our phones and laptops.

Daily travel expenses for getting to the office has been on our behalf, including our flight to the Czech Republic. We have needed to print occasionally and has been able to use the facilities of Renarkon for that.

Schedule:

Upon completing our research proposal on January 22nd, we have been waiting for the approval of CHE University of Applied Sciences in Ede. We has started our research on February 2nd, after receiving the approval. The research will continue until May 18. We have been in the Czech Republic for our research from January 30 until April 29. The first introduction with our coordinator has taken place on February 2. We have discussed practical issues, such as planning interviews, expectations from each other and rules we need to keep to. The coordinator has been available for one or two hours per week to guide us and answer questions we have. We have spent approximately 560 hours per person on this research. The appendix gives an exact description of the tasks and invested hours we performed individually.

Personal Responsibilities:

Marijn has final responsibility for sub question one and three, Marco for sub question two. The person responsible has ensured that the sub question has been answered correctly and we have not been deviating from the part question. In this way we have not get answers that are not relevant for our study. It has made our research more reliable. Regarding the interviews, we have remained alert if we continued to get relevant information from it.

We have both been conducting, write out and analyse interviews. We both contributed to all the chapters and wrote them out. The chapters have been arranged according to the paragraph and per core label. Marijn wrote the conclusion, but we both had a look at it to be as specific as possible. We have tried to make a fair task division this way. The following scheme describes the schedule in detail.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity:** | **Required time:** | **Finalized:** | **Responsible:** |
| **Executing research** |  |  |  |
| Reading documents and literature study  Create topic list  Make appointments with clients, staff and the translator for interviews.  Conduct Interviews  Write out Interviews | 80 hours p.p. (Total 160)  15 hours  10 hours  50 hours  100 hours p.p. (total 200) | Week 6- 9  Week 9  Week 6- 10  Week 10- 12  Week 10- 13 | Marijn  Marco  Marco  Marijn  Marco |
| **Analyzing Research Data** |  |  |  |
| Analyzing  Discuss with Client | 150 hours p.p. (total 300)  20 hours | Week 10- 15  Week 6- 18 | Marijn  Marco |
| **Writing Research Report** |  |  |  |
| Chapter 1  Chapter 2  Chapter 3  Chapter 4 | 50 hours  70 hours  70 hours  75 hours | Week 50- 4  Week 6- 9  Week 6- 9  Week 10- 16 | Marijn  Marijn  Marco  Marco |
| **Conclusions and Recommendations** |  |  |  |
| Chapter 5 | 60 hours | Week 17 | Marijn |
| **Presentation** |  |  |  |
| Make Presentation  Give Presentation | 10 hours | Week 17  Week 18 | Marijn  Marco |
| **Research Report** |  |  |  |
| Process Monitoring  Appointments with supervisor CHE Grammar and spelling  Contents and lay-out  References | 10 hours  10 hours  10 hours  10 hours  10 hours | Week 6- 20  Week 6- 20  Week 19  Week 19-20  Week 6- 20 | Marco  Marco  Marijn  Marijn  Marijn |
|  | Total: 1120 |  |  |

## 1.9. Personal goals Marijn and Marco

**Personal goals Marco**

Learning Objectives connected to Competences:

* I want to take the challenge during this research of not working to intensive. When I have a lot of things to do, there is a change that I continue to work throughout the evenings. I will need to take care of enough moments of relaxation besides my research. It is my pitfall that I do not take enough. Furthermore, I need to be aware of performing more activities than Marijn, especially when we are facing a deadline and there is a chance that we cannot participate in the first round. If this happens, I will consult with Marijn how to create rest for myself. A timetable will probably help me because it gives a clear overview of what needs to be done next. I can connect this learning objective to core competence six, my personal professionalism. As soon as I have learned not to work too hard, it will be easier to sense and indicate my limits.
* I will move to The Hague after graduating. As a social worker, I will most likely get in touch with other cultures there. Therefore, I hope that my stay in the Czech Republic contributes to a better understanding of other cultures. Many things, such as communications is related to your culture. By making myself aware of this, I will also be able to do this when I live in The Hague. Besides, I will gain more experience and tolerance towards other cultures, which I will be able to use in my profession as social worker. This learning objective is connected to competence six. One target of this competence is that I will be able to develop my own professional skills and form my career focused. I develop my personal professional attitude towards clients and other cultures by working on this learning objective.

Relation with my minor Psychiatric and Addiction Treatment

There is a very good connection between my research and the addiction part of my minor. I will be very brief. All clients who we interview are being treated for drug addiction. Since Renarkon only treats drug addicts, it integrates seamlessly with my minor. In my minor we studied about drug addiction treatment and the effect on the brain and functioning of the client. This information can be usefull for our research.

**Personal goals Marijn**

Considerations for me and my learning process during research:

* I want to learn how to apply order and structure in the communication with my study buddy and thesis supervisor. Normally, the communication from my side decreases as the project advances, which I want to avoid now. I will remain ahead of this possible problem by structuring previous mention communication. This learning objective connects to the competence about personal professionalism.
* In order to keep myself motivated, I will also need to apply structure to tasks and activities during the research. Furthermore, I will have a better overview of the process and what still needs to be done by taking clearly defined tasks. By sticking to the schedule which I made with my buddy, I will stay motivated. This learning objective can also be connected to my personal professionalism, mainly in the collaboration with others.
* I also want to learn more about the internal structure at Renarkon as organization. Due to the hierarchy in the Czech Republic it is more challenging than in The Netherlands. I mainly want to focus on presenting a good attitude which matches my position as researcher. This learning objective connects to the core competence which is aimed at working in an organization.

Relation with my minor GGZ, MO en VZ:

Renarkon, the organization where I will do my thesis research, is aimed for drug addicts. I already have completed two internships at a psychiatry. The time has come to deepen myself in the world of addiction. So far, I only have theoretical knowledge about addictions and the care that is needed here. I am looking forward to the first-hand experience of treating drug addicts. I will deepen myself even more in addiction treatment in the Czech Republic. Combining this new information to the knowledge I have gained in The Netherlands will initiate an open-minded perspective on addiction treatment. This broad perspective will undoubtedly help me to come up with innovative recommendations, which will also need to connect to the target group.

# **2. How does current literature describe successful counselling of drug addicts in group counselling?**

## 2.1. Introduction

The following sub question has been answered in this chapter: How does current literature describe successful counselling of drug addicts in group therapy? In order to answer this question the chapter has been divided into four paragraphs. These paragraphs present what is known in different areas about counselling drug addicts in group therapy, according to current literature. The first paragraph describes positive group effects on drug addicts, in which the focus was put on the personal- and interpersonal added value for drug addicts and the position of the group counsellor. Subsequently, the paragraph continuous to deepen the following three approaches: Client Oriented Approach, Solution-Focused Approach and Cognitive Behavioural Therapy. For these approaches their vision is described, how they affect drug addicts and which competences are required for the counsellor in order to apply these approaches. Finally, the chapter concludes with a tentative conclusion.

## 2.2. Positive group effects on drug addicts

### 2.2.1. Introduction

In general, drug addicts are counselled in groups. There are several studies on the added value of counselling drug addicts in a group. Contemporary studies demonstrate this added value. Mainly two aspects come to the fore: personal- and interpersonal value (Khantzian, 2000). The client will not only learn about themselves but also about dealing with others.

### 2.2.2. Personal added value

The counselling of drug addicts in groups has proven to be mainly successful, since group members help to uncover the roots of their addiction. Mostly, these roots are problems with cognitive control, emotions and psychological suffering, or self regulation (Khantzian, 2000). This self regulation is defined as: the ability to control impulses and delay the satisfaction (de Ridder, 2006). An example of self regulation is the ability to control the craving for drugs. Subsequently other characteristic side effects, such as negative emotions or negative life experiences which lead to drug usage, can be treated. The psychological suffering of addicts is particularly noticeable in self-confidence and the ability to make contact with others, without using drugs (Khantzian, 2000). The group helps the addict to become aware of his vulnerabilities regarding his addiction. Besides vulnerabilities in self-regulation, vulnerabilities are also reflected in self-care. This self-care is defined as the repeated failures to make choices, anticipate and fear of consequences that have led to the current behaviour (Khantzian, 2000). Because the group helps the addict to become aware of these vulnerabilities, group counselling has proved an essential component within the guidance of addicts. In this realization, the core is made clear, with regard to the dynamics of addictive vulnerability (Khantzian, 2000).

The addict will learn new competences during this process which he will also be able to use after completing the counselling. Example competences are: self reflection, communication skills, emotional control and self esteem (Khantzian, 2000). The communication skills which the addict learns during the process help him to communicate with group members and the counsellor, who both can serve as an example for the addicted (Bernard et al., 2008).

### 2.2.3. Interpersonal added value

The addict also develops himself in the group to interact with his environment. Addicts help each other in more areas during their interactions with each other. Besides the aid to reveal the core of the addiction, addicts also support each other by encouraging one another when needed (Khantzian, 2000). By giving each other feedback, self knowledge is stimulated and the addict becomes aware of his interpersonal impact on the group (Bernard, et al., 2008).

Therefore group counselling contributes to self reflection. By doing so, addicts are for example confronted with *denial- and defence mechanisms.* Also through confrontation, the addicts help each other to face problems (Khantzian, 2000). Addicts can develop themselves by imitating and observing group members and by mirroring themselves to them (Bernard, et al., 2008).

The cohesion, the link between clients, which prevails in the group, can be mutually reacted with empathy. The addicts do not always receive this empathy from friends and family. In group counselling sessions, addicts learn to express empathy for each other. This is seen as contributing to the recovery, because drug addicts are sensitive to what the other clients are going through. This is because they have to deal with a lot of mutual problems. Another advantage of the cohesion that exists in the group is that group members are vigilant together on ‘life stresses’. Aspects that play a role in this are: self-confidence, disruption of affectivity, relationships and self-care. By being alert, group members can help each other quickly when needed (Khantzian, 2000).

### 2.2.4. Group counsellor function

First, it is important that the group counsellor is alert to what is happening in the group. Considerations herein are the relations of the addicts themselves, disruptions in the affectivity in the group and the self-confidence and self-care of addicts. When clients experience stress, these aspects are a threat to the client and the group (Khantzian, 2000). For the group accompaniment to be as effective as possible, the counsellor must be competent enough to provide safety and confidence in the group (Bernard et al., 2008). This can be done by the counsellor through creating an environment in which the addict has space to reflect and become self-aware. The establishment of such an environment can prevent destructive behaviour (Khantzian, 2000). Furthermore, the counsellor sets up suitable boundaries for the group and watches over them. This generates an environment in which the addicts have the feeling they are taken care of and they may be there. It will give them a secure feeling. A safe environment stimulates emotional expression (Bernard, et al., 2008). The counsellor needs to keep an eye on the effectiveness, environment and development stage of each addict in order to keep providing feedback on track. Feedback can be absorbed in a better manner by the client when his development phase is taken into account (Bernard, et al., 2008).

## 2.3. Client oriented approach within group counselling

### 2.3.1. Introduction

Even though little is written in literature about the client oriented approach within group counselling, it is still being applied. Below its vision is described, how it affects drug addicts and which competences are required for the counsellor in order to direct a client oriented approach.

### 2.3.2. Vision

The client oriented approach carries the vision, amongst others, that every human being has the capability to achieve what he wants. It also claims the client has the capacity for self-realization, meaning his personal growth and development. According to the client oriented approach, this self-realization can only mature in an environment where the following three attitudinal aspects are present: sincerity, *unconditional positive regard* and empathy, defined as sense of compassion. The counsellor uses these three attitudinal aspects to promote this self-realization of the client (Fehr, 2014).

### 2.3.3. Effects on drug addicts

The clients are responsible for the direction of the group counselling, also to be categorized as a non-directive approach. The clients in the group are at the centre of attention and experience the style of listening, reflection, giving summaries, clarifying and sharing observations from the counsellor. The group will make the client aware of incongruent behaviour. The client-oriented group sessions encourages clients to express their feelings (Fehr, 2014).

### 2.3.4. Required counsellor competences

The counsellor should set an example for the addicts and he must be aware of that. This example is especially important during the first group stages, when there is still much uncertainty about expectations on both sides. It is important for the counsellor to have a consistent behaviour pattern which corresponds with the expectations of the client and the supervisor himself (Bernard et al. 2008).

Sincerity expresses itself in congruence of the supervisor through inner experiences and outer expressions. Someone who is sincere will not present himself differently than he actually is. Sincerity leads to awareness, acceptance and confidence in oneself. The counsellor displays unconditional positive regard, meaning absolute acceptance, by giving positive attention to the client without condemning him. When the counsellor can accept a client unconditionally he will be able to better show empathy to the client. This empathy can for example be shown by his mimics and trough indentifying himself with the client. The counsellor will have to carry out these aspects according to Fehr to make such an approach effective in groups. In this case his attitude is more of being a guide, than an expert (Fehr, 2014).

Deploying own life experiences and emotions can be effective for the group. Here, the facilitator should be well aware of his stance. The most effective attitude that the supervisor conveys is based on respect, cooperation, empathy and response. When the supervisor demonstrates an attitude of the previous mentioned characteristics it can lead to personal acceptance of the client. Therefore, the client will experience a predictable and consistent relationship, in which the client can adapt the skills of the counsellor (Brache, 2012). The counsellor becomes vulnerable by expressing his own emotions. For that reason he must consider whether his life experiences contribute to the successful counselling of the group of addicts (Vannicelli, 2001). By doing this contemplation, the counsellor needs to take his own comfort-zone into account.

## 2.4. Solution-focused approach

### 2.4.1. Introduction

Different approaches can be applied to group counselling. In this project the solution-focused approach is chosen since it connects well with the client focused vision of Renarkon. It emphasizes the positive forces of clients as opposed to a problem-oriented approach. At first the vision of the solution-focused approach will be described. Then it takes a look at the effects of this approach to drug addicts and the required competences of the counsellor.

### 2.4.2. Vision

The solution-focused approach is not merely based on interventions and techniques, but an approach that is reflected in the attitude of the counsellor (Connie & Metcalf, 2009). There are certain aspects of this approach, which may contribute to the recovery of the addicted client. Solution-focused approach is based on the assumption that the healthy lifestyle of the client still exists but is currently not visible (Connie & Metcalf, 2009). From this vision change can be infused. The program of solution-focused group counselling is based on seven principles (Sharry, 2001):

1. Focus on change and possibilities
2. Create targets and a preferred future
3. Develop from strengths, skills and facilities
4. Research what is good and applicable
5. Be respectful and curious
6. Create collaboration
7. Use humour and creativity

### 2.4.3. Effects on drug addicts

Traditional approaches focus mainly on the search for the underlying problem of addiction, which may provoke resistance. Through competences and by highlighting skills and abilities, the addict is encouraged to start to deal with his problem individually. The counsellor asks through a bottom-up manner what the problem would actually look if it were bigger then now. This bottom-up methodology means that work is done based on the capabilities of the client towards change. The counsellor needs to be available and the addict will return by himself, because he thought over the possible consequences of his drug use (Connie & Metcalf, 2009).

The solution-focused approach offers the addict several manners to help himself, in collaboration with the counsellor. It is disrespectful and dangerous to offer merely one solution to the problem of the client since it limits his developments. By looking beyond the usage with the client and through focusing on additional problems the addict wants to improve, he will recover (Connie & Metcalf, 2009). It is also possible for the group members to give each other ideas relating to the pros and cons of drug usage. By doing so drug addicts are able to become new insights and other ideas about dealing with their addiction (Gans & Counselman, 2010).

Research shows that addicts who had been offered the solution-focused approach, developed better than a comparable group with another approach. This group mainly displayed improvement in the following three areas: decline of symptom burdens, interpersonal functioning and fulfilling social roles (Smock, et al., 2008).

### 2.4.4. Required competences of the counsellor

The counsellor needs to manage 12 competences for the solution-focused approach.

1. The ability to approach without talking about problems.
2. The ability to detect changes prior to the session.
3. The ability to actively listen to the strengths, skills and resources of the client and how he used it in the past and used in the present.
4. The ability to elicit a vision of the client and help build a strong image of this.
5. The ability to look at exceptions and differences.
6. The ability to not assume the expert role, the experience of the client.
7. The ability to use the '' miracle question ''.
8. The ability to use the scaling system.
9. The ability to '' and '' to be used and not '' only ''.
10. The ability to '' how '' to be used and not '' why ''.
11. The ability to appreciate the client and to give compliments.
12. The ability to negotiate tasks outside the counselling that help to develop to the desired vision of the client (Hanton, 2011)

## 2.5. Cognitive behavioural therapy within group counselling

### 2.5.1. Introduction

Cognitive behavioural therapy is commonly used for counselling drug addicts. The influence of thoughts on feelings and actions are centrally in this approach. This paragraph shortly describes the vision and the effects of this approach on drug addicts. Besides the advantages of cognitive behavioural therapy are explained and the required competences of the counsellor to work with this approach.

### 2.5.2. Vision

Cognitive behavioural therapy (CGT) is an approach that is used amongst others in group counselling of addicts. Cognitive behavioural therapy emphasizes direct change of the behaviour of the addict. In cognitive behavioural therapy the focus amongst others is on:

* Coping with psychosocial stress factors
* Recognition of risk situations that can lead to usage
* Learn how to deal with such situations
* Improving *impulse control* and relapse prevention (Berglund, Thelander, and Jonsson, 2006).

The aim of CGT is to influence the problematic behaviour and a negative thinking pattern so that the client is better able to exhibit healthy behaviour and a realistic thinking pattern (VGCT, 2014). The psychological interventions are used, based on scientific models of behaviour, cognition and emotion (Leichsenring, Hiller, Weissberg, & Leibing, 2006).

### 2.5.3. Effects on drug addicts

#### 2.5.3.1. Behaviour modification

The counsellor can apply a number of interventions in cognitive behavioural therapy. One of them is cognitive behaviour modification. In other words, the client achieves behavioural changes by modifying his thoughts and feelings. Attention is paid to the identification of automatic negative thoughts and their effects on the feeling and behaviour of the client. Such negative thoughts may be: ‘I'm not worth anything or I am not worthy to have a normal life’. These negative thinking patterns may be stress factors through which drug addicts might return to usage. As soon as the addict starts to recognize these automatic negative thoughts it is compulsory he reflects on them. The ‘stop, think and act’ principal returns in this. The client is made aware of his thoughts, after which he will consider how he can eventually think more realistic. After that the client is asked to take action. The client will apply his own created solution strategy to solve the problem. Whenever the client realizes he is capable of solving the problem in a better way, this experience increases his self-esteem (Leichsenring et al. 2006). Cognitive behaviour therapy is most effective when it is offered at least once a week (Teesson, Degenhardt, & Hall, Addictions, 2014).

#### 2.5.3.2. Stress management

In addition to this cognitive change, the client will also be exposed to his stress stimulus. A problematic relationship is an example of a stress stimulus. The interaction in this relationship can be described as the *unconditioned stimulus*, since this problematic relationship creates pain. A constructive relationship gives warmth, contentment and companionship. When these feelings are absent an addict can experience stress. The drug addicts will want to use drugs in order to cope with this stress, as well known as a *conditioned stimulus*. This eliminates the feeling of stress. Ultimately, his *conditioned stimulus* will already be present with the smell of drugs. His conditioned response (CR) is taking drugs (Walter & Rotgers, 2012). The client is trained not to give in to his stress stimulus within the approach. The counsellor will encourage the client to deal with his stress in a constructive way (Leichsenring et al. 2006). As the client is exposed to such stressful thoughts and reactions, he is challenged to control his reactions. This exposure helps the client to eliminate conditioned behaviour actions (Walter & Rotgers, 2012).

#### 2.5.3.3. Social skills

The clients also learn social skills in addition to the identification and changing of their thoughts, feeling and behaviour. They practise behavioural techniques in the group in order to deal with their interpersonal situations in a better way. For example: dare to refuse a request which is not realistic or expressing your opinion in an assertive way, instead of an aggressive way. The client gains more insight about his own behaviour by practicing this as a group. In addition, the group serves as a mirror for him. This means that the group confronts the addict with his actions and lets him reflect on his own behaviour (Leichsenring et al. 2006).

### 2.5.4. Required competences of the counsellor

Cognitive behavioural therapy is a structured approach. It requires the counsellor to apply structure to the dialogs. This is done amongst others by setting up the agenda per group session with the clients. Thereby it is made clear what will happen exactly (Peute, 2010). It is important that the counsellor involves the client well in his decision making. He should encourage the client to respond to questions. Convincing the client by the counsellor within CGT proved ineffective and therefore the counsellor should always work with the client to see what he wants (therapie, 2014). The counsellor needs to be aware of his own behaviour. He can take care of that by reflecting on his own thoughts, feelings and actions. In this way, the supervisor will be aware of which feelings and thoughts will be provoked by the client and what his own perceptions are. When there is to be such a transfer, it may be appropriate in some cases to express it in the group (Vannicelli, 2001).

## 2.6. Preliminary conclusion

In this chapter, it is obvious that the group assists the addict in becoming aware of the vulnerabilities related to his addiction. Addicts can develop themselves by imitation and observation of group members. The fellow group members and counsellor serve as a role model for the addict, which helps them in their development. Drug addicts within a group are able to better understand each other’s situation since they go through a similar process. The group counsellor must set rules and boundaries to provide safety to the group. The client oriented approach is successful in view of the fact that it places clients in the centre while they experience the listening style of their counsellor. Incongruent behaviour is appointed by the group. It is important that the counsellor adapts to the needs and wishes of the client. The solution-focused approach can be applied in group counselling by encouraging drug addicts to handle their own problems. The focus should be on the opportunities, strengths, and the future vision of the clients. This approach is mainly successful in decline of symptom burdens, interpersonal functioning and fulfilling social roles. The core of cognitive behavioural therapy is to encourage behavioural change by learning the client's change of mind. These changes affect the sense of the client. The client creates new experiences which help him to think more positively about himself. Addicts learn behavioural techniques by practicing interpersonal situations in the group. The counsellor should bring structure to the counselling sessions.

This chapter made clear what the studied literature says about the successful counselling of drug addicts in group therapy, based on the three approaches. The following chapter describes what is known in current literature about the successful individual counselling of drug addicts.

# **3. How does current literature describe successful counselling of drug addicts in individual counselling?**

## 3.1. Introduction

The previous chapter described which aspects are successful for group counselling. This chapter answers the following sub question: How does current literature describe successful counselling of drug addicts in individual counselling? In order to answer this question, an overview is given of what is known in current literature about individual counselling of drug addicts. The first paragraph illustrates the positive effects of individual counselling of drug addicts, focusing on the frequency of individual counselling and the relationship between the counsellor and the client. After that, three approaches have been deepened out which proofed to be successful for individual coaching of drug addicts. These three approaches are: the client oriented approach, motivational interviewing and cognitive behaviour therapy. From these approaches their effect on drug addicts has been researched and the required competences of the counsellor. Just motivational interviewing has a vision description since it was the only not mentioned approach in the previous chapter. This paragraph also describes which creative interventions connect to the motivational interviewing approach. Finally, the chapter concludes with a tentative conclusion.

## 3.2. Positive effects of individual counselling on drug addicts

### 3.2.1. Introduction

Several researches have been conducted on the effectiveness of individual counselling for drug addicts. This paragraph deepens out the frequency of individual counselling. In addition it goes more into the relationship between the counsellor and the client. The focus is on factors which contribute to successful individual coaching of drug addicts.

### 3.2.2. Frequency and impact on development of the addicts

Research shows that the frequency of individual counselling affects the treatment and abstinence from drug to drug addicts (Thornton & Gottheil, 2003). Frequency makes a difference in triggering and maintaining the development of drug addicts. Research has been done on the effect of high frequency versus low frequency in individual counselling for drug addicts. This group of addicts has mixed drug use and the location is in an inpatient setting. In the location where the addicts are being treated, no drugs are permitted (Valtonen, Sorgen, & Cameron-Padmore, 2006). This study revealed that drug addicts who are offered individual counselling in high frequency, showing a greater degree of avoidance needs. Furthermore, the reticence in acting and the impulsiveness of the addict are strengthened. These difficulties exist during counselling, since the addict is not challenged enough for exploration and therefore shows more dependent behaviour. For this reason, addicts who were offered a low frequency of individual counselling demonstrated more self-exploration and self-expression. The result of stimulated self-exploration mainly expresses itself in the search of social support in his environment (Valtonen et al.).

Research in the UK has revealed that the frequency of individual counselling offers predictability in the emotional growth, cognitive function and quality of relationships of the drug addict. When individual assistance is offered with a high frequency in communities (one, two or three times per week), behaviour change will occur. The length of the individual counselling sessions makes no difference in the outcome of treatment (Meier, Donmall, & Heller, 2004).

A study by Edward Gottheil shows that the frequency of individual counselling should be adapted to the drug addict. It has been proven that addicts, who feel depressed and hopeless, benefit more from a high intensity of individual counselling. On the other hand addicts, who are not depressed, gain more from a low intensity frequency (Gottheil, Thorton, & Weinstein, 2002).

### 3.2.3. Relation counsellor and client

Research has been done on what clients consider important in their relationship with their counsellor. This shows that drug addicts attach great value to acceptance of their supervisor. It becomes especially important for them when they relapsed into drug use. Others felt it was important that they could share sensitive personal information during the individual counselling sessions. Eleven of the sixty-five respondents prefer to tell their counsellor this, rather than in a group session. The client believes it is important nothing ‘has to’ (Brooks, Malfait, Brooke, Gallagher, & Penn, 2007).

Another study shows that success for a positive relationship is created by the following factors:

* Agreement on the guidance
* A common planning
* Encouragement to refrain themselves from drugs
* No convictions
* No penalties for relapse

It also shows that unconditional acceptance and relationship cooperation with the client creates success factors within the individual coaching of drug addicts (Sheedy & Whitter, 2014).

## 3.3. Client-oriented approach

### 3.3.1. Introduction

This paragraph gives an in depth description of the client-oriented approach and its application. This approach is used with a unified vision, both in counselling groups and individuals. The vision of this approach is to be found in (Chapter 2). However, this section continuous to elaborate on the effects of such an approach to drug addicts in individual counselling. Also the necessary competencies are described; the individual counsellor must have to apply this approach.

### 3.3.2. Effects on drug addicts

Studies of Caspar Replication Studies and the Journal for Drug Addicts show that working client-oriented is one of the main elements for successfully guiding drug addiction (Mericle, Casaletto, Knoblach, Brooks, & Carise, 2010). Counsellors who used a client-oriented approach for example, had set up goals with the client which connected better, as the client had a say. Clients who were counselled through a client-oriented approach succeeded at continuing the program for a longer period and finished it more often (Mericle, et al.).

After the information about the client is collected in an intake, goals are defined in line with the stated view of the addict. This vision should be evident from the optimal outcome from seeking help and receiving services. A goal should focus on the long term, in the words of the client and positive terms. These long term objectives can sometimes be different from the targets that will be placed in front of the treatment for the addiction. An example of a long-term goal of an addict in a residential setting can be: '' I want to be a teacher. ''. In his treatment an optional (short-term) goal can be added: '' I want to return back to my family. ''. In such situations, the short-term goal becomes part of the larger purpose in life (Adams & Grieder, 2004).

During the program we are working towards the long term goal on the basis of short-term goals. These goals keep the addict alert to his own recovery process. Working on these goals is focused on action and change. The goals are therefore not passive or abstract terms. They lead to empowerment, providing connection and reinforce the motivation to achieve the long term goal (Adams & Grieder, 2004).

The addict has developed new coping strategies at the end of the treatment. They also learned to trust themselves, family, friends, the church, and other natural support sources within the community. According to this approach, the counsellor is obligated to ensure the client is fully prepared to live without professional care, or that there may be a sequel with a lower intensity of care (Adams & Grieder, 2004)**.**

### 3.3.3. Required competences of the counsellor

An intake is organised at the start of the treatment. Hereby, the counsellor is alert for the individual, the strengths, and skills, past successes, hopes, dreams, needs and understanding problems. Only in this manner the counsellor can create an effective and responsive plan with the addict. The plan must take the norms, culture and needs of the addict into account. (Adams & Grieder, 2004). The counsellor must also take into account that entire withdrawal of substances is a long-term goal. If he is capable of doing so, he will be able to offer more hope and create positive experiences with the client. Small goals will help to build these positive experiences (Ketterer, et al., 2014)

It is important for the counsellor to stimulate the drug addict in taking as much responsibility as possible on his own. The counsellor does this by offering the drug addict tasks (Ketterer, et al., 2014). The other competences of the supervisor who can make this approach successfully are: empathy, sincerity and radiating warmth (Sheedy & Whitter, 2014).

Interventions by the counsellor should be aimed at the person instead of the diagnosis. While creating an intervention in the personal- and client focused plan, the five W’s should be taken into account. These are: what, who, when, where and why. The necessary amount of intervention and services is never certain. The counsellor must take the addict’s progress stage into account while creating the interventions, through which they will connect better and be more successful (Adams & Grieder, 2004)**.**

Finally, it is also advantageous to evaluation the developments of the counsellor in addition to those of the addict. In that, the addict is permitted to question whether the counsellor has offered care which matches his needs. In this approach, the opinion of the addict is very valuable for the counsellor (Adams & Grieder, 2004)**.**

## 3.4. Motivational Interviewing

### 3.4.1. Introduction

Motivational interviewing proved to be helping the individual coaching of drug addicts in recent years (Bride, Kintzle, Abraham, & Roman, 2012). This paragraph starts with the vision description of this approach. Subsequently the effects of motivational interviewing for drug addicts are explained. Furthermore, a closer look is given to the required competences of the counsellor to apply this approach in a good manner. Finally, a description is given of creative interventions which match the post modernistic approach.

### 3.4.2. Vision

Motivational interviewing is a directive and client-oriented approach to enlarge the client’s intrinsic motivation and dissolve his ambivalence. In that way the client will change by discovering his capabilities himself (Allsop, 2007). The equivalent relationship between the client and counsellor is helpful for successful counselling (Rollnick, Miller, & Butler, 2009). Research describes this equivalent relationship as partnership, this means that the counsellor and client collaborate in the development process. The previous mentioned partnership is a contradicted approach when comparing it with the expert-role of the counsellor in some other methodologies (Bride et al. 2012). In order to establish the partnership, counsellors must have a non-judgmental attitude towards the client. This attitude creates trust and security in the relationship. In this position it is important that the counsellor can deal with disappointing results from the drug addict (Ketterer et al. 2014).

### 3.4.3. Effects on drug addicts

Madukwe (2014) distinguishes between four types of clients, in order to give a clear overview of the effects on the clients’ development within motivational interviewing: the reluctant-, the rebellious-, the resigned-, and the rationalizing client.

The reluctant client needs sensitive feedback about the impact of drug usage on their lives. The rebellious client is anxious about losing control. The counsellor needs to put emphasis on the personal control of the client, in order to stimulate development. This energy can be redirected towards making positive choices within the life of the addict. The resigned client mainly needs hope and optimism as initiation to be changed. The counsellor can commence a search for barriers which limit a new beginning excluding drug usage. The rationalizing mainly prefers to be confronted with his own ambivalence. The addict is motivated to change and develop by this double-sided reflection (Madukwe, 2014).

The use of motivational interviewing also has its impact on the client upon completion of the counselling process since the motivation can be maintained. The reason for this is that the client starts with recognizing his problem, subsequently seeks a change and finally holds on to this new change system (Madukwe, 2014).

### 3.4.4. Required competences and skills of the counsellor

During the counselling, the counsellor must be aware and remain the fact that clients may be located in different phases of motivation. There are a number of phases between ‘motivated’ and ‘not motivated’ (O'Leary Tevyaw & Monti, 2004). These phases are: pre-contemplation, contemplation, determination/preparation, action, maintenance and relapse (Verdonck & Jaspeart, 2009).

There are five basic principles which help the counsellor with motivating the client.

* Express empathy through reflective listening
* Develop discrepancy between client’s goals or values and their current behaviour.
* Avoid argument and direct confrontation
* Adjust to client resistance rather than opposing it directly
* Support self-efficacy and optimism (Madukwe, 2014).

The counsellor is solely a guide who gives direction to this life (Rollnick, Miller, & Butler, 2009). Partnership instead of the expert-role of the counsellor will motivate the client to enrol in a good collaborative relationship (Bride, et. al. 2012). This is stimulated as soon as the counsellor starts to search for positive aspects within the actual life of the client, who is an expert over his own life which is developing. By doing so, the counsellor can develop discrepancies and ambivalence, which initiates change (Watson, 2011). Research has shown that clients appreciate to go through the process with their counsellor (Edwards & Loeb, 2011).

### 3.4.5. Creative interventions matching motivational interviewing

Creative interventions help the client and counsellor to communicate on a different level. For example, nonverbal creativity grants trust in the relationship since the client may release as much as he wants himself (Ginicola, Smith, & Trzaska, 2013). By nonverbal creativity, direct personal confrontation is avoided and worked around defences making the client feel more at ease (Ginicola, et al., 2013).

There is research on what creative interventions can be linked to the methods of motivational interviewing. Interventions have been developed to help create discrepancy, expressing empathy, dealing with resistance and encouraging self-motivation. The use of creativity among adults can sometimes induce resistance because adults are not accustomed to being creative. When the counsellor helps to overcome this resistance, this can be liberating for the client (Behrend, 2010). To create discrepancy, for example a drawing can be made about the ideal situation of the client over a year. By mirroring this drawing to the current situation of the client discrepancy occurs (Ginicola, et al., 2013).

## 3.5. Cognitive behavioural therapy for individual counselling

### 3.5.1. Introduction

This paragraph gives a closer look at the use of cognitive behavioural therapy for drug addicts within individual counselling. The vision of this approach is described in the previous chapter. Therefore, this chapter straight away goes in depth about the effect of this approach for drug addicts within individual counselling. Extra notice is given to rebuilding the social network of the client. Finally, a description is given about which competences the individual counsellor must manage to apply this approach.

### 3.5.2. Effects on addicts

Besides dealing in a distinct way with the ‘stimulus-response’ model, cognitive behavioural therapy also contributes to developing a more positive view on life. Cognitive behavioural therapy has proven to be constructive and effective for changing negative thoughts. Besides the addiction problem there is often co morbidity like depressive or anxiety disorders. In these cases CGT also is the first preference (Berglund, Thelander, & Jonsson, 2006). Furthermore, this approach has the effect that deviant behaviour and thinking patterns are replaced by the patterns which are more normal adaptive, with which the client with a non-deviant pattern responds to stressful situations. By changing and replacing patterns, the client will improve in different areas of life, such as the relational field for example (Berglund, Thelander, & Jonsson, 2006).

#### 3.5.2.1. Social network

The network of a drug addict can be damaged or affected by his drug usage. When he no longer uses it may output a part of its network. The counsellor will have to devote sufficient attention to this by encouraging clients to build a new social network. He will try to trigger the client to engage in positive social interactions that are not drug-related (Brache, 2012). It is important that drug addicts will play a role in society again, as these roles give them the feeling that they do matter and should be out there. It is good if the supervisor pays attention to these roles and how those roles will look like for the client (Brache, 2012). Boosting self-confidence, self-acceptance and motivation, contribute to offer to new interpersonal relationships. To achieve this, extra attention will be paid to establishing and maintaining relationships. As a result, the client obtains and preserves a healthy social network (Edwards & Loeb, 2011).

### 3.5.3. Required competences of the counsellor

Research by Kazantzis (2003) has emerged about what skills a cognitive behavioural therapist must possess to perform this approach well. A distinction has been made in a number of categories, namely: establishing a therapeutic relationship, conceptualism, it can provide structure and proper implementation and supervision of cognitive and behavioural techniques (Kazantzis, 2003).

The therapeutic relationship must possess warmth, congruence and cooperation. Conceptualism signifies that the counsellor must be able to make the connection between the abstract concept and the present. The counsellor must be able to articulate clearly how the problems of the client arose, what has been the learning history and within which current context the problematic behaviour occurs. The cognitive and behavioural techniques include the leading to discoveries, asking for evidence and can seeing things from a different perspective (Kazantzis, 2003).

## 3.6. Preliminary conclusion

This chapter made clear that a low frequency of individual counselling stimulates self-exploration and self-expression. The frequency of individual counselling can best be adapted to the needs of the client. Unconditional acceptance in the relationship between the counsellor and the client makes the coaching more successful. The wishes and needs of the client should be central to the personal plan in order to keep the program longer. The short-term goals should lead to empowerment and strengthen the motivation to achieve the long-term goal. The counsellor must stimulate the drug addict to take responsibilities by providing tasks. It is important that the interventions are focused on the person instead of the diagnosis. The feedback of the client is valuable for the counsellor. With that, it is important the client is supported to indicate whether the care ties in with his needs. Motivational interviewing makes counselling successful by giving hope and optimism to the client which he is in need of to change. Herewith, the counsellor can confront the drug addict with his own ambivalence. Partnership instead of the expert-role of the counsellor will motivate the client to enrol in a good collaborative relationship. When the drug addict exhibits resistance, the counsellor should adapt to it. Creative interventions that meet the guidelines of this approach can be successful. A drawing can help to increase discrepancy of the client. Cognitive behavioural therapy contributes to developing a more positive view on life. By changing and replacing patterns, the client will improve in different areas of life. The counsellor must support the client to engage in social interactions through which the client will be able to fulfil new social roles. He leads the client to new discoveries en must be able to offer him new perspectives.

This chapter made clear what exactly contributes to the successful counselling of drug addicts in individual counselling. The next chapter contains an analysis of the interviews.

# **4.** **Which experiences do the clients and counsellors have with both group – and individual counselling offered by Renarkon?**

## 4.1. Introduction

This chapter answers the following sub question: ‘Which experiences do the clients and counsellors have with both group – and individual counselling offered by Renarkon’? In order to answer this sub question, interviews have been conducted with the counsellors and clients. The acquired information is divided into two sections: group counselling and individual counselling. The subparagraphs include the labels and sub labels which can be found per section in a table. The interview excerpts referenced, can be found in Annex 12. The definitions of the key labels are found in Annex 11.

## 4.2. Group counselling

### 4.2.1. Introduction

This paragraph elaborates on all the labels with respect to the experiences of both group counsellors and clients with group counselling. The factors which have a positive influence on the group are described, including the required attitude and competences for group counsellors to counsel the group. The following labels and sub labels are described:

Table 4.2.1 qwerty

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Labels | Group dynamics | Professional attitude counsellor/ group counsellor | Client centred approach | Post modern approach | Cognitive behavioural approach |
| Sub labels | Value of the group  Being a role model  Having a role model  Rules  Safety and trust | Attitude group counsellor  Competence of Group counsellor  Managing relapse | Influence topic | Solution  Qualities and skills of client  Social skills  Creativity  Motivation in group counselling | Awareness  Behavioural change |

### 4.2.2. Group dynamics

#### 4.2.2.1. Introduction

This paragraph describes the effects of role models on clients and how they value the group. In addition, attention is paid to the rules which are used in group counselling and which factors offer security within group counselling.

#### 4.2.2.2. Value of the group

*Results client interviews*

|  |  |
| --- | --- |
| The interviews revealed that seven out of ten clients attach value to reflections from other clients (1:16, 2.3, 2.14, 3.2, 5.1, 6.1, 6.20 7.1, 10.1). The majority indicates that the opinion of others, the group's pressure to change and sharing their experiences are advantageous in group counselling. (1.22, 3.2, 5.1, 6.20 8.1, 10.1). Additionally clients learn the following elements within group counselling are important according to them: | During the group therapy I find a new point of view on myself, on my life. They know what I’m talking about, when I’m talking about my problems and about my life with drugs (4.1). |

* Learn to give and accept reflections (4.11)
* Listening to others (5.4)
* Helping the other to find solutions (10.1)

*Results interviews group counsellors*

The group counsellors also indicate that it is important to them that clients give each other feedback and grant each other new perspectives, a skill the clients are also trained for (G.13.2, G.12.11). According to the group counsellors it is important that the clients give each other feedback, since the clients have had mutual experiences. As a result, clients will easier accept feedback from each other than from a supervisor (G.12.27).

#### 4.2.2.3. Having a role model

*Results client interviews*

|  |  |
| --- | --- |
| Six out of ten clients indicated to have, or have had a role model in the group (2.4, 3.4, 6.4, 7.2, 9.2, 10.2). *The value of these role models for the clients is listed below:* | I can see the differences between the new comers and myself and that shows me that therapy works because I can tell the new comers that it will also works for you when it works for me (5.3). |

* Valuable reflections
* Trusting themselves and the program
* Support
* Solutions and examples (2.4, 2.5, 2.6, 3.4, 6.4, 7.3, 10.2)

#### 4.2.2.4. Being a role model

From the interviews it emerged that five of the ten clients is a role model for another client (2.7, 3.5, 4.3, 6.45, and 9.3). This gives them the opportunity to share experiences about having family and children, the program and having a normal life (2.9, 2.18, 3.5, 4.3, and 9.3).

#### 4.2.2.5. Rules

Everything that is happening in the group is only staying in the group and the people that is in the group. Don’t speak about it with other people whithout the group. It’s the first rule of the group, for the safety. Don’t eat during the group, don’t drink what Hanza, have just said, this is the most important one, I think (G12.2)

*Results client interviews*

The interviews with clients have shown that the rules are applied consistently in group counselling (1.11, 2.15, 3.12, 5.10, and 6.10). An important rule is that there is not spoken about what was said in the group outside the group counselling. This rule provides security (1.12, 6.9, and 10.10). Adherences to rules for two clients who are in the second phase are a preparation for life outside the community (3.12, 5.11). The community provides group counselling five times per week during one and a half hours (2.1, 3.1).

*Results interviews group counsellors*

When these rules are violated, the offender is negotiable during the group counselling session (G.12.4).

#### 4.2.2.6. Safety and trust

The interviews showed, clients describe trusting each other as a motive for security (1.10, 3.11). Furthermore, the following enumeration is appointed to offer clients security:

* Trust towards supervisors and clients
* Tutors help to discuss difficult issues
* The rules in group counselling
* The expertise of caregivers (4.7, 4.9, 9.6)

### 4.2.3. Professional attitude of the counsellor/group counsellor

#### 4.2.3.1. Introduction

This sub paragraph presents the behaviours and competences which both the group counsellors and clients find important for themselves. Besides, attention is paid to dealing with relapse. This written from the perspective of both the clients as the counsellors.

#### 4.2.3.2. Attitude group counsellor

*Results client interviews*

Five of the ten clients indicated that they experienced a withdrawn attitude of the group counsellors, who intervene when necessary and give the clients plenty of room to coordinate their own group counselling (1.18, 2.22, 3.18, 8.3, and 10.11). Besides, the counsellors are honest and offer reflections, which are experienced as valuable. In addition, counsellors share their problems and emotions with the group. This is perceived as helpful by clients (1.13, 2.22, 3.10, 3.18, 5.12, and 10.11).

*Results interviews group counsellors*

The group counsellors indicate that two counsellors are present during the group counselling. One counsellor discusses the subject while the other one keeps an eye on the group (G.12.1, G.13.14). The counsellors testified that the reflections which the clients give to each other are valuable (G.12.10) and how important it is to be authentic (G.13.14). Sometimes the behaviour of the counsellors is more active and other times more passive, during the group counselling sessions (G.13.16).

#### 4.2.3.3. Competence of group counsellor

*Results client interviews*

With regard to the competences of the group counsellors, clients find a number of aspects very important. Clients indicate that they experience feedback and reflections of the counsellors as helpful. Furthermore, clients find that the counsellors can give good advice, express empathy and are able to listen well (1:24, 5:13, 6:27, 7:10, 9.7).

We are individuality, because we have different trainings. It’s concept of multi-professional team. And everybody in the team get another skills. And everybody of the team can provide another methods and another experiences to clients G.13.17).

*Results interviews group counsellors*

The interviews with the counsellors pointed out that they may decide on their own courses. They do not have to attend uninteresting courses. The counsellors mentioned they manage the following competences:

* Speaking about the clients’ emotions and recognizing them
* Active listening
* Setting their own boundaries
* Asking good questions (G.12.8, G.12.34, G.12.30, G.13.12)

Informal discussions with the team have shown that the term “multi-professional team” seems to be interpreted differently than in the Netherlands. All the team leaders studied Social Work, except one counsellor. After that, the social workers have taken different courses to specialize in one or more approaches.

#### 4.2.3.4. Managing relapse

*Results client interviews*

The interviews revealed that a number of things are important for the clients regarding their counsellor dealing with a relapse:

* Do not judge someone’s relapse, but offer support
* Search for the cause of relapse and how to prevent it in the future
* Create sufficient space to discuss prevention, feeling and own vulnerable situation (2.13, 3.9, 4.6, 5.8, 6.8)

*Results interviews group counsellors*

In order to prevent relapse there is a special group named: “relapse prevention” (G13.8). The supervisors discuss afterwards what could have been better if relapse has occurred (G12.28).

### 4.2.4. Client centred approach

#### 4.2.4.1. Introduction

This paragraph describes until which extent the clients may define their own topic within group counselling and how the choice is made for a certain topic.

#### 4.2.4.2. Influence topic

The interviews made known that clients have a lot of influence on the discussed topic during group counselling (1.20, 2.23, 4.15, 5.21, 10.18). This is done by a democratic decision (2.24, 4.15, 5.21, 7.16, and 10.18). Here the clients from higher stages provide the space to clients from lower stages (3.21, 4.16, and 5.22). The suggested and discussed topics are often relevant for more clients, through which they can join each other in the conversation (1.21, 2.23, 9.14, G.12.12). One client indicated the he plans introducing a topic to the group beforehand with his individual counsellor (6.22).

### 4.2.5. Postmodern approaches

#### 4.2.5.1. Introduction

This sub paragraph describes the information about the solution-focused approach with the following sub lables: solution, qualities and skills of the clients, and social skills. These labels elaborate on the social skills which the clients learn and how counsellors work with solutions and problems. Besides the sources of the clients’ motivation are explained and whether there is a creative approach within group counsellor. These are part of motivational interviewing.

#### 4.2.5.2. Solution focused approach

*Results client interviews*

Four interviews with clients have shown that first there is a profound discussion about the problems during group counselling. Attention is then paid to solutions (7.11, 8.4, 9.8, and 10.12). Two clients search for solutions for their future through their past (7.11, 8.4).

*Results interviews group counsellors*

I try some techniques to do. It’s like we have a line and to made how you feel from 1 to 10. I use it but not in the group only in the individual therapy G.12.15). Petra: I know something about it, but I don’t use it. I didn’t have a special education in this approach G.12.16).

4.2.5.3. Qualities and skills of the clients

Clients need to fill out a form in which they describe their strengths and weaknesses at the start of the treatment (1.14). Four out of ten clients say they use their own experiences, qualities and skills towards other clients (3.14, 5.14, 7.12, and 10.13). This may lead to an increased self-confidence. Clients may also adapt each others’ experiences, skills and solutions (3.14, 5.14, and 10.13). Other skills that clients use in group counselling include: perseverance, criticism can, openness and assertiveness (6.3, 6.12, and 8.4).

#### 4.2.5.4. Social skills

Three out of ten clients indicated that group counselling helps them in life skills (6.5, 7.8, and 10.7). One client learns to indicate boundaries (6.5). Another client developed his communication skills (7.8). The third client has learned to see people from a different perspective, and to ask for help (10.7, 10/17). There was the mentioning of a special group that is offered, called interaction, which taught how to communicate (7.6, 10.6).

#### 4.2.5.5. Motivation in group counselling

#### The interviews revealed that a client gets motivated in group counselling because his confidence is increased (3.8). The group contributes to motivation, because clients do not let each other be lazy in the treatment (6.14).

#### 4.2.5.6. Creativity

*Results client interviews*

Six out of ten clients indicated that creative activities are only used in group counselling (2.30, 3.25, 4.20, 5.30, 6.26, and 7.20).

*Results interviews group counsellors*

The interviews with the supervisors have shown that one of them does creative activities. She does this mostly in group counselling and occasionally during individual counselling. Through these activities, the distances between the client and family members are clear (I.11.12). Another activity will be used to explain behaviour patterns of clients and old patterns to shift to a new pattern (I.11.12, I.11.15, and I.11.17).

### 4.2.6. Cognitive behavioural approach

#### 4.2.6.1. Introduction

This subsection describes how clients change their behaviour and how their social network is involved in the treatment.

#### 4.2.6.2. Awareness

The interviews showed that group counselling helps clients to become aware of behaviour patterns. Three out of ten clients indicated that others in the group to tell them how their behaviour impacts the rest of the group (7:13, 9:11, 10:16). One client indicates that the reactions of other clients showed him that his behaviour is a problem (7.13). Furthermore, one client says that reflections of group counsellors are important not to linger in his problems (3.17).

#### 4.2.6.3. Social network

*Results client interviews*

The interviews with clients have shown that there is daily to discuss the social network and its related future plans. The group also encourages restoring contact with the family again (2.21, 6.17).

*Results interviews group counsellors*

The supervisors indicate that the group is used to playing out relatives (G12.13, G.12.26). Counsellors are trying to support the family of clients and encourage clients to seek new friends who are not drug-related (G.13.6).

Hanza: Only in individual therapy. When I speak with the client sometimes I give him some homework. He want to behave and try to when he gets out for something for shopping and he can try this with other people. To try or change this behave (G.12.21).

#### 4.2.6.4. Behavioural change

*Results client interviews*

In group counselling, there are several ways in which clients are engaged in behavioural changes. The interviews with clients have revealed that reflections and finding a new way to behave by clients and counsellors are experienced as helpful (3:15, 6:16, 6:19, 7:27, and 9:12). Clients with aggression problems are forced by rules to find another way to express emotions. The group provides opportunities to how aggression can be better regulated (5.17, 6.19).

*Results group counsellor interviews*

## 4.3. Individual counselling

### 4.3.1. Introduction

This paragraph gives a description of all the labels regarding the experiences of both the individual counsellors and clients with individual counselling. It explains which behaviour and competences the individual counsellors need to manage and an elucidation of the three different approaches is given. Three approaches are elaborated below, namely: client-oriented approach, motivational interviewing and cognitive behavioural therapy. The following labels and sub-labels are described below in (Table 4.3.1):

Table 4.3.1. Kernlabels individual counselling

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Kern**  **label** | Professional attitude counsellor/ group counsellor | Client centred approach | Post modern approach | Cognitive behavioural approach |
| **Labels** | Attitude counsellor  Relationship in counselling  Competence of counsellor  Managing resistance | Frequency  Influence personal plan  Goals  Feedback to counsellor  Taking responsibility | Motivation in counselling  Creativity | Awareness  Social network  Behavioural patterns  Behavioural change |

### 4.3.2 Professional attitude of the counsellor/group counsellor

#### 4.3.2.1 Introduction

This section discusses the findings of the staff and the clients which are set put in relation to the professional attitude of the individual counsellor. It has been reported that postural and relationship aspects of supervisors are perceived as helping, what competencies are important in counselling and how counsellors can deal with resistance from the client.

#### 4.3.2.2 Attitude counsellor

*Results client interviews*

The interviews revealed that clients experience many different attitudinal aspects of supervisors as helping. In addition, counsellors give some attitude issues that they find important. These are put in a table opposite each other:

|  |  |
| --- | --- |
| Attitude aspects clients indicate: | Attitude aspects counsellors indicate: |
| Patience  Respect  Showing professional attitude  Honesty  Provide support  Empathy  Enough space to talk  Openness (2.32, 2.37, 3.32, 4.21, 6.33, 7.22, 7.23, 8.16, 9.21, 9.23, 9.30, 10.22) | Openness  Honesty  Positive role model  Be responsible  Being authentic  Supportive  (I.11.29, I.11.31, I.11.44, I.11.46) |

*Results individual counsellor interviews*

They need to be subjective, because of the client. It can more like supportive when the client is anxious or depressive or more directive when the client doesn’t have a problem with that. And you need to be strict and monitoring there are things that are just given like financial responsibilities. If they don’t fulfil those given things, then there are sanctions (I.11.44).

#### 4.3.2.3 Relationship in counselling

Seven out of ten clients report positive about their relationship with the supervisor (2:33, 3:26, 4:25, 6:27, 8:13, 9:29, 10:27). There were also negative aspects which are put together below in a table.

|  |  |
| --- | --- |
| Positive aspects: | Negative aspects: |
| Clear boundaries  Confidence  Friendship  Equivalence  Openness (2.33, 2.36, 3.26, 4.25, 5.40, 6.27, 8.13, 9.29, 10.27). | Little understanding  No sympathy  No time  Matching personality (5.32, 5.43, and 6.28). |

#### 4.3.2.4 Competence counsellor

*Results client interviews*

Clients cite some positive skills that show facilitators in individual counselling:

* Positive feedback and reflections
* Being straight forward and providing direction for the client
* Empathy
* Knowledge about effective counselling (3.30, 5.34, 5.42, 6.29, 8.14)

*Results individual counsellor interviews*

Individual counsellors identify that work is done from different perspectives (I.11.19). One person is working with the psychodynamic method. Another counsellor works with more creative and relaxation techniques and is also looking for patterns of behaviour (I.11.23, I.11.18). When the creative approach does not work, for example relaxation techniques are used (I.11.10). In addition, counsellors appoint that they consider the following competencies important:

* Setting boundaries
* Interrogate the problem
* Connecting to the client (I.11.43)

#### 4.3.2.5 Managing resistance

With this label, clients testified that three out of ten clients experienced resistance in their treatment during individual counselling. The three counsellors responded in different ways to this. The first client was struggling to adhere to the rules and the program. Her supervisor told her that if she does not want to accept it, she should stop her treatment (2.38). The supervisor with the second client gave him a new opportunity to advance each time, which helped him to remain in the program (3:31). According to the third client, the counsellor tried to analyse the source of his resistance without trying to change his opinion.

### 4.3.3 Client centred approach

#### 4.3.3.1 Introduction

This paragraph describes the labels that are related to the client-oriented approach. It describes the frequency of individual counselling and the effects of clients on their personal plans and goals. Besides, it is made if and how much space there is for feedback of the counsellors and how clients are encouraged to take responsibilities.

#### 4.3.3.2 Frequency

*Results client interviews*

According to the interviews with clients, the frequency of individual counselling depends on the number of shifts of the counsellor and the number of clients he is responsible for (3.23, 2.26). When a counsellor is absent, four clients indicate it is easy for them to go to another counsellor to discuss their problems (2.28, 3.24, 4.17, 6.24, and 6.25). A client from stage zero said that he did not have an individual counselling session yet during his first week (1.23). Five out of ten clients point out they receive individual counselling from their individual counsellor once a week, which is sufficient according to them (4.17, 6.23, 7.17, 8.17, and 9.16). However, one client indicates that as the program progresses, the more need he has to individual coaching, because he gets more responsibilities (9:17).

*Results individual counsellor interviews*

According to the counsellors clients from stage zero get individual counselling at least once a week. At stage two and three the clients are more independent and less restricted in the frequency of individual counselling, besides they determine how much individual support they get (8.8, I.11.1).

#### 4.3.3.3 Influence personal plan

*Results client interviews*

Regarding the influence on the personal plan, five out of ten clients mentioned they create their own plan including personal subjects and targets (3.35, 4.29, 8.17, 9.34, and 10.31). The personal counsellor provides advices and possibilities for creating the personal plan and targets (4.31, 6.37, 7.29, and 10.32). During their treatment, clients have the possibility to add new subjects to their personal plan and edit it (7.31, 8.19, 9.36, and 10.33). Conversely, one client mentioned this was not possible at stage one (7.30).

*Results individual counsellor interviews*

Individual counsellors also mentioned clients make their own plan. This is done by means of a questionnaire on which the client describes his present situation and what he hopes to achieve after the treatment (I.11.33, I.11.36).

#### 4.3.3.4 Goals

*Results client interviews*

According to the interviews, three clients determine their own goals for the treatment (2.41, 3.36, and 5.52). Three clients report to work on both short- and long-term goals (2.42, 4.43, 10.34, and 10.35). Besides, two clients work on mid-term goals (3.37, 6.41). Half of the clients report they achieve their short-term goals during their treatment. The long-term goals are focused on post-treatment life (2.42, 3.37, 4.33, 7.32, and 10.34).

*Results individual counsellor interviews*

#### The counsellors indicate that the personal plan includes personal client goals with time limits (I.11.34). By planning their clients retrieve order in their lives (I.11.42).

#### 4.3.3.5 Feedback to counsellor

*Results client interviews*

The interviews with clients have revealed that seven out of ten experienced enough space to give feedback to their individual supervisor(3.40, 4.36, 5.55, 6.44, 7.33, 9.39, and 10.37). One individual counsellor asked the client for feedback (4.36).

*Results individual counsellor interviews*

According to the supervisors clients can evaluate the relationship during the monthly review (I.11.38).

#### 4.3.3.6 Taking responsibility

*Results client interviews*

It was brought forth by the interviews that six out of ten clients encourages their individual counsellors to take responsibilities (1.17, 3.27, 4.23, 5.36, 6.30, and 9.26). Two out of six get homework for between the individual counselling sessions (4.23, 9.26). One client from stage two mentions he learns to take responsibility through the program (5.35, 5.51).

*Results individual counsellor interviews*

The counsellors indicate that the clients must fulfil requirements and obligations during their treatment. During individual counselling attention is paid to this (I.11.2). When clients do not take responsibilities, their process will stagnate (I.11.5).

### 4.3.4 Postmodern approaches

#### 4.3.4.1 Introduction

This paragraph describes the motivational interviewing labels, which are part of the core label postmodern approach. A portrayal is given of the clients’ motivational sources during the individual counselling and whether and by which means creative techniques are applied in counselling.

#### 4.3.4.2 Motivation in counselling

*Results client interviews*

Four out of ten interviewed clients say their individual counsellor does not need to motivate them (3.29, 4.24, 9.27, and 10.25). One client indicates that his individual counsellor helps him to maintain his motivation (10.25, 10.26). Another client states his individual counsellor motivates him by supplying work to keep him occupied. This counsellor depicts a future without drugs (2.34, 2.35, and 9.28). It was also shown that an increase of freedom and breaking old patterns of behaviour contributes to remain motivated (5.47, 6.31).

*Results individual counsellor interviews*

Reasons for a counsellor to motivate clients are, when the client wants to give up the treatment or when the client has to do with a big change in his life (I.11.26). The focus is on the client’s history and provokes the client to think about his achievements and what he still wants to accomplish (I.11.28). Another counsellor designates the circle of change to compare the pros and cons (I.11.27).

#### 4.3.4.3 Creativity

*Results client interviews*

Six out of ten clients point out creative activities are limited to group counselling (2.30, 3.25, 4.20, 5.30, 6.26, and 7.20). Three out of ten clients have no need for creative activities, with regards to individual counselling (2.31, 5.30, and 10.21). Two clients carry out creative activities with their individual counsellor. The applied activities contributed to an increased insight for the clients into their situation (8.9, 9.19, and 9.20).

*Results individual counsellor interviews*

The counsellors mentioned that one of them applies creative activities. Usually this takes place in group counselling sessions and once in a while during individual counselling. These activities clarify the distance between the client and family members. Another activity is used to clarify behavioural patterns of the clients and to mould old patterns into a new one (I.11.12, I.11.15, and I.11.17).

### 4.3.5 Cognitive behavioural approach

#### 4.3.5.1 Introduction

This paragraph describes the labels regarding cognitive behavioural approach within individual counselling. It describes whether clients become more aware of their behaviour, by which means attention is given to the social network of the client en how behavioural change comes into existence.

#### 4.3.5.2 Awareness

It was shown that five clients become more aware of their behavioural patterns during individual counselling. This is done by discussing problems and solutions with the counsellor (7.21, 9.25). The questions raised by the facilitator, put the clients to think (4.30, 5.46, 7.28). The counsellor helps the client to relativize (10.30).

#### 4.3.5.3 Social network

During individual counselling, the counsellors give attention to family members in different manners (I.11.24). When a client does not acknowledge his network is drug related, the group helps the client to see this network is not helping (9.13). Besides, a role-play is done in the group counselling to clarify the social network. By doing so, one client learnt how to deal with behaviour and emotions (3.16).

#### 4.3.5.4 Behavioural patterns

*Results client interviews*

The interviews revealed that some clients find it valuable to talk about behaviour patterns. The counsellor gives the client insight into his behaviour and offers other possibilities (3.34, 4.27 4.28).

*Results individual counsellor interviews*

The interviews with counsellors have shown that they give attention to various counselling aspects. Thus, one counsellor focused on behaviour patterns and how they are formed. Another counsellor pays more attention to family and social networks. (I.11.22, I.11.24).

#### 4.3.5.5 Behavioural change

*Results client interviews*

|  |  |
| --- | --- |
| Clients indicate the behaviour patterns and how these can be changed are discussed during individual counselling. Behavioural change is sometimes done through tasks which they need to complete in addition to the counselling (5.45, 6.36, and 8.24). In addition, reflections from the counsellors are important to show the clients they changed indeed (5.49). According to one client, the counsellor lets him determine his own behaviour change pace. This helps the client to gain self-confidence (9.33, 10.29). | Hanza: Only in individual therapy. When I speak with the client sometimes I give him some homework. He want to behave and try to when he gets out for something for shopping and he can try this with other people. To try or change this behave (G.12.21). |

## 4.4. Preliminary conclusion

Group counselling

*Clients*

It is striking that the clients’ experiences within group counselling include group pressure and sharing experiences as helping. *Reflections* of others are effective to expose non-aiding behaviour. It is remarkable that being or having a role model, yields reflections, confidence and support. Clients experience a lot of space from their counsellors, who only get engaged when needed. The clients experience reflections, feedback and good listening as helpful. The clients experience a lot of influence by applying their own subject to group counselling. Often these subjects are relevant to multiple clients, through which they can join each other in the conversation. Prior to finding solutions, the counsellors commit a thorough analysis of the client’s problems. The client’s skills and qualities are applied to group counselling which may enlarge his self-confidence. There is a notable contrast regarding the clients’ motivation of being motivated by the group on the one hand, yet stating that they do not need to be motivated, on the other hand. Clients experience group counselling as helpful as they become aware of behaviour patterns. Reflections and the search for new behaviours contribute to behaviour change.

*Counsellors*

The supervisors consider it important that clients give each other feedback and reflections, because they have had corresponding experiences. It was striking that one supervisor has not had training in a specific approach yet. The supervisors may choose themselves as to which courses they want to follow. The counsellors said they work from a multi-functional team where team members have had the same training, but took other courses to specialize themselves. During group counselling, their attitude is sometimes active, sometimes passive. It is striking that one supervisor tries to apply the scale question to the solution-oriented approach, without being trained for that.

Individual counselling

*Clients*

Clients appoint many positive attitude aspects that help, such as: "patience, empathy and respect." Strikingly, the opinions are divided about the bond in the relationship with counsellors. Little understanding and no time amongst others are experienced by clients as negative aspects. The positives are clear boundaries and trust. The frequency of supervision will depend on the services of a personal counsellor. There is enough space to move to another counsellor. Clients experience the frequency sufficient. Clients experience sufficient influence on the drafting of the personal plan and associated targets. Adequate space must be given to provide feedback to the supervisor. Clients indicate that they need not be motivated by their individual supervisor. The majority of clients do not get offered creative activities during individual counselling. The individual counsellor helps to make clients aware of behaviour and to offer other possibilities. Reflections and feedback are experienced as important in this by the clients.

*Counsellors*

The counsellors work with different approaches. It is striking that one counsellor did not have a single training yet. However, he does read books and tries to apply this. According to the counsellors, it is obligated to have at least one session of individual counselling a week during stage one. The counsellors bring up that the clients draft their own plan by means of a questionnaire. The feedback which clients can give, does not work according to the counsellors. The reason, clients have to read the feedback out loud to the group. Counsellors focus on various aspects of counselling, such as the emergence of patterns of behaviour and the social network of the client.

# 5. Final conclusion and discussion

## 5.1. Introduction

In this chapter the following main research question will be answered: *‘How does current literature describe the successful counselling of drug addicts through group counselling and individual counselling and how does this relate to the program and the experiences of clients and counsellors of Renarkon’*? In order to answer this main question the two parts are further explained in a table. First, the most striking discoveries from the literature research are describes, followed by the findings from the interviews. A distinction is made between group- and individual counselling. With the interviews an additional division is made between clients and counsellors. In order to answer the main question as completely as possible we look at the end of the conclusion how these two are related to each other. We only describe the differences between the findings of the literature research and interviews.

## 5.2. Final conclusion

*Final conclusion literature research*

|  |  |
| --- | --- |
| **Group counselling** | **Individual counselling** |
| Awareness of vulnerability surrounding addiction | At low frequency, more self-exploration and self-expression |
| Imitation and observation helps develop | Frequency adapt to client needs |
| Understanding of each situation, because of recognition | Unconditional acceptance in the relationship is important |
| Borders and lines in the security group | The short-term goals should lead to the achievement of long term goals |
| Client at the centre and in line with client needs. | Person-centred interventions rather than targeted diagnosis |
| Focus on possibilities, strengths and vision of client | Feedback from client to counsellor is valuable companion. The client is encouraged to ponder whether he received care that suits his needs |
| Encouraging behaviour change through new ideas to learn | Confronted with ambivalent behaviour of client |
| Structure in counselling sessions | Let the experts role take part in the client |
|  | New discoveries offer perspectives for old patterns of behaviour |

*Final conclusion interviews*

|  |  |
| --- | --- |
| **Group counselling** | **Individual counselling** |
| *Clients* | *Clients* |
| Group pressure and experience sharing are helpful | Positive relationship experience: ‘defined borders and trust’ |
| Group reflections to understand their own behaviour are helpful | Negative relationship experience: ‘little understanding and no time’ |
| Experience much involvement by inserting own themes in group counselling | Positive behaviour aspects which clients experience: ‘patience, empathy and respect’ |
| First, thorough analysis of the past, then solutions | Experience sufficient space to change counsellor |
| Applying skills and qualities enlarge self-confidence | The frequency of individual counselling is experienced as sufficient |
| Experience motivation from both the group and themselves | Experience sufficient input by drafting the personal plan and targets |
| Reflections and the search for new behaviours contribute to behaviour change. | With two clients the short-term targets are aimed at the post-treatment life |
|  | Experience adequate space to provide their counsellor with feedback |
|  | Experience no need to be motivated by their supervisor |
|  | Reflections and feedback help to be aware of behavioural change and initiate change |
|  |  |
| *Counsellors* | *Counsellors* |
| Important clients give each other reflections, because of mutual experiences | Different approaches are applied |
| One person still has had no training. He is trying to apply the scale question and doing self-study at home | Experience that the feedback method for clients to counsellors, does not work because they have to read it to the group |
| Experience freedom in the choice of training that they follow | Give attention to various aspects of counselling, such as the emergence of patterns of behaviour and social networks |
| Experience a multi-professional team. Counsellors have had the same education but different training in other approaches. | The counsellors require the clients to get individual counselling at least once week. |

How does literature relate to the interview results?

*Group counselling*

According to literature the focus needs to be on the possibilities, strengths and future view of the client, in order to apply a successful solution-focused approach. However, the interviews indicate that the emphasize mainly needs to be put on problems from the past. After that, indeed attention is paid to the future vision.

*Individual counselling*

Literature indicated that it is the best to adapt the frequency of individual counselling to the situation of the client. A low frequency may lead to self-exploration and self-expression. According to the counsellors, clients at stage one must get at least one individual counselling session per week.

It was found in the literature research that feedback from the client for the counsellor is valuable for the counsellor. Clients indicate there is sufficient space for this, even though counsellors state this feedback methodology does not work. Furthermore, the client needs to be encouraged to consider whether the received care connected to his need. Within individual counselling this is not stimulated enough.

The literature research also shows short-term goals should lead to achieving the long-term goals. These also serve to gain positive experiences. Nevertheless, it is told in the interviews that two clients have short-term goals with their post-treatment lives.

*Others*

The education of some counsellors was also striking. An education level difference between the counsellors has been observed. In addition, the counsellors indicate they work from a multi-professional team. However, they all have been trained for Social Work, except one. In addition, they have done training to specialize themselves in an approach.

## 5.3. Discussion

*Main question*

Our main question has been a wide and big question and it was difficult to choose a certain structure to write our sub question. In retrospect, it was too big to write everything and we could have made it smaller. In order to make the question smaller, we could have put three or four approaches in the main question. In this way, our main question would have been much smaller and it could have been easier to write our sub questions. By doing so, it would be easier to make a good structure of each sub question.

*Literature research*

Nearly all the used literature is written in English. We read the research papers ourselves and selected the most important information. The literature might be translated and interpreted differently then intended in the original source. By translating the whole product through a third person who is raised bilingual, the last problem has been solved. Upon completion, the first two sub questions have been checked on correct translations of the terms.

One source has been found to describe the effects of the client-oriented approach in the first sub question. It was surprising, so little literature is available with regard to group counselling. It was not possible to relate this study with other research, since no other source could be found. We have chosen to include the single found source. As a result the validity of this part got endangered. In order to prevent that, we chose to keep this sub paragraph short without going in depth by means of the same source.

In this research it was decided to divide the postmodern approach into the solution-oriented approach and motivational interviewing. The paragraphs in the chapters with the first two sub questions are now different. In retrospect, we better could have chosen one approach for both group counselling and individual counselling. In a similar way, we would have been able to keep to one structure still better.

In retrospect, it had been better to exclude the cognitive behaviour therapy from this research. We have chosen it because it is an approach that has been researched a lot and scientifically proven. In our study, it was more difficult to apply this approach among the other ones, because counsellors take an expert attitude with this approach which is less client oriented.

*Interviews*

The translation has been a risk for our research. The English language level has not always been perfect through which the translation was sometimes incorrect. If we were to do it again, we would have chosen to only enable that person who is the best at English. Due to practical reasons, this was not always possible during our research.

After six interviews with clients, we looked critically whether we obtained new information from the interviews. Then we adjusted a number of interview questions to obtain new information. In hindsight we could have done this better after four interviews with clients. In this way, we would have had more data to make comparisons regarding the adjusted topics. To maintain the validity of the competition, we have chosen not to explicitly use the additional data from the last four interviews.

# **6. Recommendations and evaluation**

This chapter starts with a description of the recommendations which have emerged from the final conclusion. Besides, the following issues are briefly evaluated: problem definition, objective and cultural evaluation.

## 6.1. Recommendations

*Work unambiguous from a client-centred approach*

Our research has shown that counsellors may choose their own approach to work with, depending on which one suits them personal. Besides, counsellors indicate they work according to a client-centred approach. However, if everybody is free to select his own approach there is a danger of becoming less client-centred. Our literature study indicates that within the client-centred approach, clients are encouraged to evaluate whether the received care matches their needs. According to our research, this is not done well enough at the Renarkon community. Clients may be more encouraged to think about this. As well, two clients stated to have short-term goals which are aimed at the post-treatment life. On the contrary, the literature study demonstrates long-term goals are meant for life after the treatment. Short-term goals serve to have positive experiences and as a means to achieve the long term. We advice Renarkon to consider which approaches match with a client-centred approach and how they can be implemented. By doing so, the work will be ambiguous and clients know better what to expect, because everybody is on the same page.

*Equal basic education for counsellors*

There is a striking difference between the education levels of the counsellors. There is no equivalence of schooling. A number of counsellors had a lot of training in comparison. During the research, one counsellor emerged with hardly any training, even though it is expected that he must fully function in the team; this may cause an efficiency difference. In order to reduce this possible difference, it is advised to offer additional approach courses for less experienced staff. In this manner, there is no need for a financial investment in the whole team, but simply in one or a few persons through which clients may expect equivalent help from the counsellors.

When a new member is added to the team, we advice to have a close look with this team member at the best matching training and approach for your client-centred approach. We recommend you to have it clear within three months, after which it will be possible to see how the vision can be implemented in the daily counselling of clients.

*Evaluating the counsellor through the client*

This research revealed it is possible for the client to evaluate his individual counsellor. However, the clients make limited use of this, since officially seen, the feedback needs to be read out loud to the group. Literature proofed the added value of giving feedback to the counsellor, through which he can continue to develop his professionalism and enlarge his self-reflection. For this reason we would like to recommend a structural approach in which clients are motivated to give to their individual counsellor. The counsellor can get feedback once a month, during the monthly evaluation. Up to one week before that, the counsellor can encourage the client to think about the feedback he has for his counsellor. By asking monthly feedback from the client, it will be getting easier for the client to give feedback and be critical.

*Flexible frequency concerning individual counselling*

It became evident through the literature study; the best way is to adapt the frequency of individual counselling to the needs of the client. The client interviews made clear that clients in stage zero require at least once a week individual counselling. When a client needs additional counselling, this is possible with other counsellors. It is striking that there is no lower frequency of individual counselling then once a week; since literature describes a lower frequency can initiate self-exploration and self-expression. Therefore, we recommend to think from a client-centred approach and to let go of a minimal frequency of once a week. Clients in stage zero are encouraged to seek help. It is important for these clients to have at least one contact moment a week with their counsellor. For the clients in stage one, a lower frequency brings them closer to more responsibility and stage two. Consequently we recommend discussing and determining with the client which frequency of individual counselling he will receive in stage one. Whenever a client is capable of a lower frequency, the time left over can be invested in clients who have a higher counselling need.

## 6.2. Evaluation

*Evaluation problem definition*

The problem definition describes Renarkon is not up to date with the program parts that contribute to the successful counselling of drug addicts. Our research created a clear picture of the factors which play a part in successful counselling of drug addicts in group counselling and individual counselling. However, a number of program parts have not been researched. Renarkon could research these as continuation. The problem definition also described no significant program adaption have been made since 1997. Two out of three recommendations from this research are aimed at improving the program.

*Evaluation of objective*

Three objectives were created at the start of this research.

The first objective was as follows: ‘We will describe what current literature says about the successful counselling of drug addicts through group counselling and individual counselling, before June 2015’. This objective has been achieved, because we have outlined a clear picture which clearly identifies success factors in the methods of guiding addicts. However, since there is a lot of current literature available about different areas of group counselling, we were not able to describe all the information. We needed to apply structure and a framework in order to keep a clear overview on the information.

The second objective was as follows: ‘We will describe the experiences from both clients and counsellors with group counselling and individual counselling which Renarkon offers, before June 2015’. Also this objective has been achieved. We got a clear view of the experiences from the counsellors and clients with the two program parts. If the interviews would have been conducted in Dutch, we would have gotten a more detailed picture of these experiences. Since we did it in English it is possible some information was not clearly understood due to translation.

The third objective was as follows: ‘We will describe how the program relates to current literature regarding addiction treatment, before June 2015’. In the final conclusion a clear overview is given about how the program relates to current literature. By putting the results in a table it becomes immediately clear what the relationship is and we could ultimately get good recommendations.

*Cultural evaluation*

We noticed the biggest cultural difference in the Czech culture is the existence of a clear hierarchy. Regarding our research while writing the recommendations, we needed to take into account that the team leader has minor influence on management and finance. The manager deals with these issues. Another aspect is that clients have lots of respect for the counsellors and us as researchers. In general, the clients were not critical about the counsellors and the program, during the interviews. By asking more questions, some critical points emerged.

In addition to the hierarchy in the Czech culture, we also encountered dependency while doing research. The counsellors did not speak against each other during the duo interviews and had similar experiences with the program. We had made the decision to conduct duo interviews so we could collect different views and experiences for the study.

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# **Attachment 1: topiclist clients**

Grouptherapy

**Effects of the group**

* Value group
* Rolemodel
* Social environment
* Motivation by group

**Qualities counsellor**

* Reaction on relapse
* Safety and trust
* Attitude counsellor

**Qualities and skills**

* Awareness of qualities
* Using your qualities
* Recovery process

**Changing behaviour:**

* Awareness old behaviour patterns
* Self- awareness
* Break through and developing new patterns
* Social network

**Put the client in the centre**

* Role counsellor
* Determining theme’s

Individual counselling

**Effects of individual counselling**

* Frequency
* Creativity

**Qualities counsellor**

* Attitude
* Relation counsellor- client
* Stimulation of responsibility

**Motivation**

* Motivation by individual counselling
* Equivalency
* Relation counsellor- client
* Resistance

**Changing behaviour**

* Awareness of patterns
* Break through
* Developing new ones

**Put the client in the centre**

* Personal plan
* Goals
* Feedback

**Methods**

* Description of the techniques
* Pay attention.

# **Attachment 2: interview questions clients**

Permission for recording.

In which phase are you and how long have you been following the program now?

Group therapy:

**Effects of the group:**

What is the value of the group for you, in your treatment?

Do you have a role model in this group which figures as an example for you?

- Who is this person for you and what effects does he have on you?

- Are you a role model to someone? How is that for you?

In what way does the group help you to improve your social skills towards your social environment?

How do you get motivated by group therapy, to continue your treatment?

**Qualities of your therapist:**

Has there been clients who has relapsed during you stay? If yes, how did the therapist deal with it in group therapy?

In what way is safety and trust guaranteed by the staff members, during group therapy?

Are the rules in group therapy lived up consequently during group therapy? What is the effect of this on the group?

What is in your opinion the best attitude a therapist could show during group therapy?

* How does the therapist show this in group therapy?
* Is this enough in your opinion?

**Qualities and skills**

Is there paid attention to your qualities and skills during group therapy?

* In what way do you use your qualities and skills in group therapy?
* How does this help you in your recovery process?

**Behavioural change:**

How does group therapy help you to be aware of your old behavioural patterns? Could you give an example?

In what way does group therapy help you to break through behavioural patterns and to develop new patterns?

In what way is there paid attention to rebuilding a new social network outside the community during group therapy?

**Client centred:**

What is the role of the therapist during group therapy?

Who decides the topics which are discussed during group therapy? In what way are you able to influence these topics?

**Extra:**

What does not contribute to tou recovery process in group therapy?

What does contribute more to your recovery process in group therapy?

Individual counselling

**Effects of individual counselling:**

How many times do you get individual counselling per week/month?

* In which way can you determine this frequency?
* Is this enough for you? If yes/no, why?

In what way do they offer you creative activities at individual counselling? What do you learn from that/ would you like to have that?

**Qualities of the counsellor:**

Could you name three aspects of the attitude of your counsellor that helps you in your treatment?

Which aspects in the relation between you and your individual counsellor are important for you, according to you? And which aspects in the relation are not working for you?

Are you stimulated by your individual counsellor to take responsibilities? If yes, how?

**Motivation:**

Is it necessary for you to be motivated by your counsellor, during this treatment? Could you give an example?

How does the counsellor motivate you during these moments?

How do you notice that you and your individual counsellor are equal? How does that come?

How do you notice during individual counselling that you can say what you want?

* How does the counsellor shows empathy towards you?

Have you ever showed resistance to change behaviour towards your counsellor in individual counselling? How did your counsellor deal with that?

**Changing behaviour:**

What contributes individual counselling to your awareness of old behavioural patterns? How does this happen?

How are you helped by your counsellor to break through those patterns?

What contributes individual counselling to develop new behavioural patterns? How does this happen?

**Client centred:**

How much influence do you have in making your own personal plan?

* How is your personal plan created?
* Can you put your own goals and vision in your personal plan.

Is your plan at this moment still focused on your wishes and needs that you have within your treatment? - In which extend can you change your own plan during your treatment?

Do you have short- and long term goals? If yes, can you give an example?

Is there an evaluation of your personal plan and progress? If yes, how often?

* Is there place to give feedback to your individual counsellor?
* Are there other moments that you give feedback to your counsellor?
* When are you giving it?

**Extra**

* What does not contribute to you recovery process in individual counselling?
* What does contribute more to your recovery process in individual counselling?

# **Attachment 3: adjusted interview questions clients after six interviews**

Permission for recording.

In which phase are you and how long have you been following the program now?

Group therapy:

**Effects of the group:**

What is the value of this group for you, in your treatment?

Do you have a role model in this group which figures as an example for you?

- Who is this person for you and what effects does he have on your treatment?

- Is there paid attention of being a role model by your therapist or individual counsellor? If yes, how?

- Are you a role model to someone? How is that for you?

How does the group help you to improve your social skills towards your social environment?

How do you get motivated in group therapy, to continue your treatment?

**Qualities of your therapist:**

How is safety and trust guaranteed by the staff members, during group therapy?

Could you name three aspects of a good attitude that the therapist have showed in group therapy?

* Is this enough in your opinion?

**Qualities and skills**

Is the focus in group therapy based on you problems or solutions and possibilities?

Which personal qualities and skills do you use in group therapy?

* How does this help you in your recovery process?

**Behavioural change:**

Could you give an example of a behavioural pattern based on your drug related past?

* How did you become aware of this pattern in group therapy?

How does group therapy help you to break through behavioural patterns? And to develop new patterns?

How is there paid attention to rebuilding a new social network outside the community during group therapy?

**Client centred:**

In what way are you able to influence the topics which are discussed in group therapy?

**Extra:**

What does not contribute to your recovery process in group therapy?

Individual counselling

**Effects of individual counselling:**

Could you name the first name of you keyworker?

How many times do you get individual counselling per week/month?

* In which way can you influence this frequency?
* Is this enough for you? If yes/no, why?

Does your counsellor offers you creative activities during individual counselling? If yes, how and how does it help you? If no, would you like to have that?

**Qualities of the counsellor:**

Could you name three aspects of the attitude of your counsellor that helps you in your treatment? Could you name one aspect of the attitude of your counsellor that is not helping you in your treatment?

Which aspects in the relation between you and your individual counsellor are important for you? And which aspects in the relation are not working for you?

How do you work on taking responsibilities during individual counselling? Do you get homework between the sessions?

**Motivation:**

How does the counsellor motivate you during your treatment in individual counselling? Could you give an example?

How do you notice that you and your individual counsellor are equal? How does that come?

* How does the counsellor shows empathy towards you?

Have you ever showed resistance to change behaviour towards your counsellor in individual counselling? How did your counsellor deal with that?

**Changing behaviour:**

Could you give an example of a behavioural pattern based on your drug related past?

* How did you become aware of this pattern in individual counselling?

How does your individual counsellor help you to break of those behavioural patterns?

How does you individual counsellor help you develop new patterns? How does this happen?

**Client centred:**

Do you make your own personal plan? What is the role of the counsellor in making your plan.

How much influence do you have in making your own personal plan?

Can you change your own plan during your treatment?

Do you have short- and long term goals? If yes, can you give an example?

How often do you have evaluation of your personal plan in individual counselling?

* Do you give feedback during the evaluation moments in individual counselling? If yes, could you give an example? How did your counsellor deal with your feedback?
* Is there in this evaluation space to give feedback to your individual counsellor?

**Extra**

What does not contribute to you recovery process in individual counselling?

# **Attachment 4: topic list individual counselling**

**Frequency**

* Influence of frequency on client
* Depend on client

**Competence of individual counsellor**

* Competences in individual counselling
* Attitude of counsellor
* Relationship in counselling

**Interventions**

* Client centred interventions
* Positive effects on client of interventions
* Creative interventions
* Different approaches in counselling

**Motivational interviewing**

* Use of motivational interviewing
* Need of motivation
* Techniques/ competences to motivate
* Creativity in motivation

**Client centred approach**

* Influence personal plan
* Evaluation of process client
* Positive effects of client centered

# **Attachment 5: interview questions individual counselling**

**Frequency**

What is the frequency of individual counselling at this moment?

In what way does the frequency of individual counselling influence the development of drug addicts?

Does the frequency need to be adjusted to each particular client?

**Competences**

Which competences does the individual counsellor need, according to you, in order to have individual counselling to contribute to the treatment of the client? – client centred

What kind of attitude does the individual counsellor need to carry out to the client in case of a successful counselling?

What’s in your opinion a good base for a relationship between the counsellor and client? What’s necessary to accomplish this? –cooperation

**Interventions**

How does the client centred approach shows itself during the interventions you perform while doing individual counselling sessions?

What are the positive effects on the client and its development in the treatment?

Do you perform creative interventions during sessions of individual counselling? Yes, could you give an example of such an intervention? What was the positive effect on the client?

What is your consideration to do, or not to do creative interventions?

Which approaches do you use during individual counselling? What is your experience working with these approaches?

**Motivational interviewing**

To what extend do you use motivational interviewing during individual counselling sessions?

Which techniques and what interventions do you perform to motivate drug addicted client to stay clean and participate in the program?

Do you perform creative interventions focussed on motivational interviewing/to motivate clients? Yes, in what way?

Which competences does the individual counsellor need to have, according to you, to perform motivational interviewing/to motivate client?

**Client centred approach**

How does the process of making a personal plan with goals look like?

- Written by the professional or the client?

What requirements do you have towards the client centred interventions?

How is the process of development of the client evaluated?

- Professional and client

What is in your opinion the positive effect of the client centred approach on the treatment of clients?

# **Attachment 6: topic list group counsellors**

**Structure**

* Structure and safety in group therapy

**Group process**

* Value of the group
* Use of the group

**Solution focused approach**

* Effects of solution focused approach
* Used interventions and effects
* Personal qualities and skills of client

**Cognitive behavioural therapy**

* Effects of CBT
* Awareness of behavioural patterns
* Break through behavioural patterns
* Develop new behavioural patterns
* Rebuild social network

**Interventions in group therapy**

* Manage relapse
* Motivation in group therapy

**Competences of the therapist**

* Needed competences in leading the group
* Attitude therapist
* Amount of attention toward clients

**Client centered:**

* Role of counsellor
* Role of clients

# **Attachment 7: interview questions group counsellors**

**Structure**

How do you obtain and keep the structure and (emotional) safety during the group sessions?

**Groupsproces**

According to you, what is the value of doing therapy in groups instead of individual sessions?

(Could you tell an example of this value for clients?)

How do you use the group during group therapy when a certain topic is discussed?

**Solution focused approach**

Do you work with a solution focused approach during group therapy sessions? If yes, which effect does this have on the client, according to you? If no, for what reason you do not use this approach?

How do you pay attention to the personal qualities and skills of the clients during group therapy

* What is the effect of this on the client?
* Could you give an example?

**Cognitive behavioural therapy**

Do you work with cognitive behavioural therapy in group therapy? If yes, what is the effect of this therapy on the client, according to you? If not, for what reason are you not using this therapy in group therapy?

How do you make clients aware of behavioural patterns in group therapy?

* What is the effects of this on the client?

How do you break through these patterns in group therapy? And how do you care that the client will develop new patterns?

* What do you need as a counsellor to change this behaviour of clients?

Do you pay attention to rebuilding a new social network in group therapy? If yes, how? If not, why not?

**Interventions in group therapy**

How do you deal with relapse of a client in a group therapy session?

How do you motivate the clients for their treatment in group therapy?

**Competences of the therapist**

Which are your competences in leading this group, during group therapy?

What kind of attitude do you show towards clients to give a successful group therapy session?

* How do you deal with your own emotions in group therapy?

How do you take care that every client gets the same amount of attention from you and your co- workers in group therapy?

**Client centred:**

What is your role as a counsellor during group therapy?

What is the role of the clients during group therapy?

# **Attachment 8: client interview 5**

Interviewed: Jirka

Interviewing: Marco van der Giessen

Marijn van Baaren

Translator: Michal Sobek

Marijn: Okay, so you give permission for recording?

(Czech conversation)

Michal: Off course.

Marijn: So, could you tell uh… in whi… which phase you are and for how long you are in the program.

(Czech conversation)

Michal: Uh… I am here uh… for 11 months and I am on the second stage and I hope uh… in 30 days uh… I will be on the highest stage.

Marijn: Okay. So, first we will ask…

(Cough)

Marijn: some questions about group therapy.

(Czech conversation)

Marijn: And we will start with the effects of the group on you and your treatment. So, what is the value of the group for you in your treatment?

(Czech conversation)

Michal: Reflections and opinions of other clients.

Marijn: Hmhm.

Marco: Do you have a role model in this group which is an example for you?

(Czech conversation)

Michal: No.

Marijn: But, are you maybe a role model to someone else.

(Czech conversation)

Michal: Yeah.

(Laughter)

Marco: So, how is that working for you?

(Czech conversation)

Michal: It’s a part of my motivation to be a role model for somebody.

Marco: And how… how does it motivate you?

(Czech conversation)

Michal: Uh… I can see the differences between new comers and uh… myself and that shows me that the therapy works because uh… I can tell the new comers that uh… it will be… it will works also for you when it works for me.

Marco: Hm.

Marijn: Hm. And in what way does the group help you to improve your social skills in you social environment?

(Czech conversation)

Michal: Uh… I… I learned to listen to other people. Uh… try to uh…

Michal: try to have a sense about a situation of other people and uh… off course uh… give uh… give reflections to other people and accept other… reflections of other people.

Marijn: Hm.

Marco: And how does the group help you to… to get uh… these skills?

(Czech conversation)

Michal: Maybe the intensive process during the group therapy.

(Czech conversation)

Michal: Yeah I… I learned it uh… by myself, because I want to… I wa… I want to work on my treatment. And uh… maybe it’s about I have to be there and I uh… I have to work on… in th… in the group sessions.

Marijn: And how do you get motivated by group therapy to continue your treatment?

(Czech conversation)

Michal: Yeah, the main thing is that uh… I know the group I can find solution for any problem and maybe easier than just by myself.

Marijn: Okay, we will go to the next topic about the qualities of your therapist.

Michal: Hmhm

Marijn: In group therapy and has there been clients who has relapsed during your stay?

(Czech conversation)

Michal: Yeah two guys uh… got be…

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Michal: been to doctor and they didn’t return back.

Marijn: And how did the therapist deal with that in group therapy?

(Czech converation)

Michal: Yeah, they’ll… they told us that uh… wh… what was happened and uh... other things was about rules, because we have uh… clear house rules here so they… they wasn’t allowed to came back.

Marijn: Hmhm.

Marco: In what way is safety and trust guaranteed by the staff members during group therapy?

Michal: Hmhm.

(Cough)

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Michal: Yeah, we very often talk about rules and uh… rules are accented here in the, in the community life. So, it’s about rules.

Marco: And are those rules used consequently during group therapy, according to you?

Michal: Hmhm.

(Czech conversation)

Michal: Yes.

Marco: Hm. And what is the effect of uh… the consequently used rules on the group?

(Czech conversation)

Michal: Uh… it’s for me, I don’t know how to uh… call the tool uh… when you want to make horse move.

Marijn: Hmhm. Like a whip.

Michal: Uh…

Marco: whip, yeah

Michal: Yeah, a whip on my and some of the rules I take to my future life also, because uh… that works for me.

Marijn: Hm.

(Cough)

Marijn: And what is in your opinion the best attitude uh… a therapist could show during group therapy?

(Czech conversation)

Michal: Uh… yeah for me uh… reflections from therapist are most important and uh… also understanding uh… all of them uh… have very uh… huge understanding for all of us.

Marijn: Hm.

Marco: How does the therapist show this in exactly in group therapy?

(Czech conversation)

Michal: They give us change. They don uh… don’t use quick reflections, because uh… we as clients sometimes uh… we react very… very quickly and they uh… just uh… have uh… their time for reflections and sometimes they… they talk something completely different that uh… than we as the clients uh… use as a reflection. Uh… I think they are they are professional in that way.

Marco: Hm.

Marijn: Okay.

(Cough)

Marijn: Well, we go to the next topic about the qualities and skills of you. Because is there uh… paid attention to your qualities and skills during group therapy?

(Czech conversation)

Michal: Yes, off course.

Marijn: Off course. Can… can you maybe give an example of uh… such qualities and skills of you?

(Czech conversation)

Michal: Uh… yeah uh… all clients know that uh… I, I was aggressor in the past and uh… right now I have it a little bit uh… in a different way, but uh… everybody knows it and they accept it that I am like I am right now.

Marijn: And how specifically can you use those qualities and skills in group therapy?

(Czech conversation)

Michal: Uh… I think the positive uh… my my positive uh… skills uh… I can provide to other clients in the group and I don’t know if I uh… asked properly what you asked, but

Marijn: Hm.

Michal: That’s my… that’s my answer.

Marco: Yeah, they’re paying attention to those skills and they can use it in group therapy to other clients.

(Czech conversation)

Michal: Yes.

Marco: And how does those qualities and skills help your… help you in your recovery process?

(Czech conversation)

Michal: It helps, helps me to make a stronger self-esteem.

Marco: Hmhm.

Marijn: Hmhm.

(Czech conversation)

Michal: That’s all.

Marco: Hm.

Marijn: Okay.

Marco: So, the next topic is about behavioural change.

(Czech conversation)

Marco: How does group therapy help you to be aware of your old behavioural patterns?

(Czech conversation)

Michal: Yeah, off course uh… thanks to group therapy I change my behaviour very very…

(Czech conversation)

Michal: I feel a big uh… big change in the way of uh… of behaviour.

(Czech conversation)

(Cough)

Michal: Thanks to group therapy.

Marco: Hm.

Marijn: Okay.

Marco: And could you give an example how the group was involved i… in thit… in this change?

(Czech conversation.

(Moving chair)

Michal: uh… yeah, I have to think about anger and uh… about aggression and uh… the group gave me possibilities how to ventile my aggression or my anger in another way than during the… that… through the violence or through the uh… screaming.

Marijn: Hm. So, how does your new behavioural pattern looks like right now?

(Czech conversation)

Michal: Yeah, I uh… I know I can ventile my aggression uh… during the uh… physical exercises or during the music I… I have another ways how to…

Marijn: Hm, okay.

Michal: ventile my aggression.

(Czech conversation)

Michal: And I know that uh… anger didn’t brings me any good thing in the past.

Marijn: So, I think we can move on to client centred.

Marco: We have one more question about uh… social network.

Marijn: Oh, social network yeah.

Marco: Hm.

Marijn: Because in what way is there paid attention to rebuilding a social network for outside the community?

(Czech conversation)

Michal: Yeah, I am talking about my plans to future and uh… I am also talking… talking about ways how to get these goals.

(Czech conversation)

Michal: Off course, the group is asking me uh… how it works for me and uh… and so on.

Marijn: Yeah.

Marco: Hm.

(Cough)

Marco: And now we can go to client centred.

Marijn: Yeah.

Marco: What is the role of the therapist during group therapy?

(Czech conversation)

(Laughter)

Michal: Top therapists.

(Laughter)

(Czech conversation)

Michal: I think they are something like eagle eye of the group, they uh… hold the limits and uh… they stop some bad process that maybe uh… is started.

Marijn: Hm.

Marco: Hm.

Marijn: And who decides the topics which are discussed during group therapy.

(Czech conversation)

Michal: We as clients.

(Czech conversation)

Michal: Yeah, we bring our topics to group therapy.

(Czech conversation)

Michal: And uh… we as a clients uh… uh… please… uh… w we vote about the topic.

Marijn: Hm.

Michal: If uh… some proposal uh… we accept or not.

Marco: Hm.

Marijn: And how big is your influence in deciding uh… which topic is discussed?

(Czech conversation)

Michal: Yeah, I support all the topics, because I think people have right to solve their problems during the group therapy.

Marco: And…

(Cough)

Marco: uh… in what influe… in what way are able to uh… bring up your own topic and get those discussed?

Michal: Hmhm…

(Czech conversation)

Michal: Uh… yeah if I have some issue…

(Czech conversation)

Michal: I just uh… ask the group and I tell that it’s a big problem for me and uh… I think we know about each other uh… who is solving uh… which issue and how different, no different… how hard is it for us.

Marijn: Hm.

Michal: We know that uh… my topic uh… is a little bit harder than another topic I don’t know why uh… how, but we know it.

Marijn: What does not contribute to your recovery process in group therapy?

(Czech conversation)

Michal: uh… for me does not contribute if somebody uh… don’t accept the therapy if uh… he have no uh… no contributions for… for somebody during the group therapy?

Marco: Hm. And did it happen?

(Czech conversation)

Michal: Sometimes.

Marco: So, how do you deal with it?

(Czech conversation)

Michal: It’s not my problem so uh… I am quite okay with it, but uh… in the last step uh… I didn’t like it that somebody don… don’t work, but again it’s not about me.

Marco: Hm. And what does contribute you… to your recovery process in group therapy?

(Czech conversation)

Michal: Uh, I think you… you asked for this question.

(Czech conversation)

Michal: Reflections

Marijn: Yeah.

Marco: Yeah, okay, yeah.

(Czech conversation)

Marco: Are there more things that contributes?

(Czech conversation)

Michal: Uh… to feel supportive uh… support of the… of the problem…

(Czech conversation)

Michal: That I can share my…

(Czech conversation)

Michal: Problems and issues.

Marijn: Hm.

Marco: Hm.

Marijn: Okay. So we will go on uh… about individual counselling.

(Czech conversation)

Marijn: And how many times do you get individual counselling per week or per month?

(Czech conversation)

Michal: Two or three times a month.

Marijn: Two or three times. And…

Marco: Hm.

Marijn: In which way can you determine this frequency yourself?

(Czech conversation)

Michal: Yeah, it’s about dialogue between me and my keyworker.

Marijn: Okay.

(Czech conversation)

Michal: Uh… in any case, I… I don’t like this.

(Czech conversation)

Michal: Uh… I would like to have uh… more individual sessions.

Marijn: Okay.

Marco: For what reason?

(Czech conversation)

Michal: Yeah, we have many duties that we have to do uh… on individual sessions and thanks to the low frequention uh… that I am going uh… very slow in this process during this duties.

(Czech conversation)

Michal: Yeah, but uh… off course it’s about part of my personality uh… that I am uh… trying to get… get hurry in every process.

Marco: Hm. And… but in what way can you influence the frequency, like to get more individual counselling?

(Czech conversation)

Michal: I think no, because uh… the keyworker, I am not the only client of my keyworker and we have to share uh… her or his time.

Marco: Hm. So, just three times a month and not more.

(Czech conversation)

Michal: Yeah.

Marco: Okay.

Marijn: Okay.

Marco: Hm.

Marijn: And in what way do they offer creative activities during individual counselling?

Michal: Hmhm.

(Czech conversation)

(Cough)

Michal: No in ind… individual sessions.

Marijn: But would you, would you like it?

(Czech conversation)

Michal: No.

(Laughter)

(Moving chair)

Marijn: Okay. That’s clear.

Marco: So, we can go to the next topic, it’s about the qualities of the counsellor.

(Czech conversation)

(Cough)

Marco: Could you name three aspects of the attitude of your counsellor that helps you in your treatment?

(Czech conversation)

Michal: Yeah, I have problems with my keyworker and I… I would like to change her.

Marijn: Hm.

(Czech conversation)

Michal: Yeah, but I think uh… that’s uh… that the part of uh… plan of uh… therapeucital… therapeutical team that I have to cooperate with her.

Marijn: Hmhm.

Marco: Hm.

Marijn: and what things in the relationship do you not like right now?

(Czech conversation)

Michal: Maybe, we are almost the same and uh… that uh… makes the relationship uh… quite hard.

Marijn: Hm.

Marco: In… in what way the same?

(Czech conversation)

Michal: Yeah uh… I think uh… it’s about bad communication.

(Czech conversation)

Michal: Uh… yeah uh… we don’t understand each other.

(Czech conversation)

Michal: Yeah, but uh… when we have individual session that works.

(Czech conversation)

Michal: uh… that works for me very good and I think she know how to work with me.

(Czech conversation)

Michal: with the individual sessions I… I am very satisfied.

Marco: Hm.

Marijn: And during those individual sessions uh… are you stimulated to have or to take more responsibilities?

(Czech conversation)

Michal: Yes, off course.

(Czech conversation)

Michal: yeah, uh… second phase uh… second stage of the treatment is about responsibilities.

Marijn: Okay. And how does the keyworker stimulates this, this responsibilities?

(Czech conversation)

Michal: Yeah, she is a supervisor of my duties that uh… if I do all I have to do. And uh… also if I am uh…

(Czech conversation)

Michal: Yeah, it’s also about control if I do all I have to do.

Marco: Hm.

(Cough)

Marco: I have one more question about the relation uh… because which aspects in the relations… in the relationships are important for you?

(Czech conversation)

Michal: Uh… she… she got understanding for me, I can be uh… hundred percent open and ma… this is the most important.

Marco: Hm…, okay.

Marijn: Okay.

Marco: So, we go to the topic motivation. Is it necessary for you to be motivated by your counsellor during your treatment?

(Czech conversation)

Michal: No.

Marijn: Okay. Why not?

(Czech conversation)

Michal: I don’t have to be motivated by people.

Marijn: Just motivation by yourself.

Michal: Yes.

Marco: So, where do you get motivation from?

(Cough)

(Czech conversation)

Michal: My past.

Marco: Hm.

(Czech conversation)

Michal: And my future.

Marijn: Hm.

Marco: Hm.

Marijn: So, do you notice that you or… that you and your individual counsellor are equal?

(Czech conversation)

(Laughter)

Michal: Yeah, off course.

Marijn: Yeah, and how do you notice that?

(Czech conversation)

Michal: I uh… don’t noticed, but I know it.

Marco: Hm.

Michal: We are all equal.

Marijn: Yeah.

Marco: And how do you notice during individual counselling that you can say whatever you want?

(Czech conversation)

Michal: Yeah, that’s quite uh… that’s quite easy uh… I know that I have to uh… be open during the individual sessions, because uh… that’s treatment is about be open and I uh… trust her so for me it’s uh… easy question.

Marco: Hm. And how does the counsellor shows empathy towards you?

(Czech conversation)

Michal: Uh… yeah, yes I… I know how to uh… if she is on… on the… on the same way if here… if she is emphatic, but I think many times she is not.

(Czech conversation)

Michal: Yeah, uh… very often I… I feel some negative uh… signals.

Marijn: Hm.

Marco: How does that come?

Michal: Uh… how does it come?

Marco: Hmhm.

(Czech conversation)

Michal: Maybe, uh… some question uh… some answers on my questions and uh… maybe I am not symphatic for her.

Marco: Hm. Hm.

Marijn: Hm. Have you ever showed resistance to change behaviour towards your counsellor?

(Czech conversation)

Michal: uhm… I think that’s… No.

(Cough)

Marco: So, the next topic is about changing behaviour.

(Czech conversation)

Marco: What contribut… contributes individual counselling to your awareness of old behavioural patterns?

(Czech conversation)

Michal: Communication about my problems and finding solutions.

Marijn: Hm.

Marco: Hm.

Marijn: And how are helped by your counsellor to break through these old patterns?

(Czech conversation)

Michal: Uh… yeah, we talked about my past uh… very… in very detailed way and also the questions she gave me uh… makes me uh… think about things.

Marijn: Hm.

(Cough)

Marijn: So that stimulates you to break through these old patterns?

(Czech conversation)

Michal: Yeah, and it make… it makes me stable.

Marijn: Stable, okay.

Marco: And how… how do you develop, like after you break through those patterns, how do you develop new one.

Michal: Hmhm.

(Czech conversation)

Michal: I have to substitute…

(Czech conversation)

Michal: Uh… I have to substitute my uh… patterns with, with something else. So, I am trying to be different than in the past, do things in different way.

Marijn: Hm. What contributes in individual counselling to develop new uh… behavioural patterns from your uh… counsellor? What is the… how do you say… what is the influence of the counsellor in changing thos… those patterns?

(Czech conversation)

Michal: Yeah, she… she can tell me uh… Nati uh… I uh…, you are now… now different than in the past. So, reflections like that.

(Cough)

Marco: The next topic is about client centred.

(Whispering paper)

Marco: How much influence do you have making your own personal plan?

(Czech conversation)

(Moving chair)

Michal: I think the… my, my uh… influence is about my attitude if I work hard or not.

Marijn: Hm.

Marco: And like, can you… do you make your own personal plan or together with your individual counsellor?

(Czech conversation)

Michal: Uh… I think it’s about uh… stage of the treatment. That first two stage are uh… are not as free as the second and third stage. Now I can do bigger steps and also uh… I have more responsibilities about this steps.

Marco: Hm.

Marijn: Hm. So, do you have the idea that you can put your own goals and also your own vision in your personal plan?

(Czech conversation)

Michal: Yeah, off course.

Marijn: Okay,

Marco: Hm.

Marijn: uhm… and do you have short and long term goals in your uh… personal plan?

(Czech conversation)

Michal: Hmhm.

Marijn: And could you give an example maybe?

(Czech conversation)

Michal: Yeah, short term is about accommodation after uh… after the community uh… to get a driving license, uh… some more education.

(Czech conversation)

Michal: And the most important uh… uh… short term goal is my son.

Marco: Hm.

Marijn: And long term goals?

(Czech conversation)

Michal: Yeah and uh… long term is uh… uh… to move uh… abroad. My sister gave me some proposal.

Marijn: Hm.

(Cough)

Marco: Is there an evaluation of your personal plan?

(Czech conversation)

Michal: Yeah, we evaluate uh… the treatment every month.

Marijn: Hm.

Marco: And is there during uh… that evaluation space to give feedback to your counsellor what she does well and what can she do better?

(Czech conversation)

Michal: Yeah.

Marijn: Hm.

Marco: Okay.

Marijn: Hm.

Marco: Are there other moments that you, that you give feedback to your counsellor, like space for giving?

(Czech conversation)

Michal: Anytime.

Marco: Okay, yeah.

(Czech conversation)

Michal: When she is here on shift.

Marijn: Hm.

Michal: Off course.

Marco: Yeah.

Marijn: Hm.

Marco: Okay.

Marijn: So, we have some uh… extra questions about individual counselling, more general. What does not contribute to your recovery in individual counselling?

(Czech conversation)

Michal: Nothing.

Marijn: Nothing. So, everything helps you even though it sometimes… it’s hard because of you uh… you and your keyworker has the same personalities?

Michal: Hmhm.

(Czech conversation)

Michal: Yeah.

Marijn: Okay.

Marco: Okay.

Marijn: And are there other… other things uh… that contribute… do contribute to your recovery process in individual counselling?

(Czech conversation)

Michal: I think, I uh… I don’t have any more information, what I mentioned it’s…

Marijn: Hm.

Marijn: Okay.

Michal: What I need

Marco: So…

(Cough)

Marco: Basically you are saying you want to change your… your keyworker because it’s the same personality, but on the other hand is does work.

Michal: Hmhm.

Marco: Right?

(Czech conversation)

Michal: Hmhm.

Marco: Okay.

Marijn: Hm.

Marco: Okay.

Marijn: Well, that’s it.

Marco: That’s it.

Marijn: Yeah.

Marco: Thank you.

(Czech conversation)

Marijn: Thank you a lot.

(Laughter)

(Moving chair)

Marco: Thanks.

Natanahu: Thank you.

Marijn: Thank you.

(Czech conversation)

# **Attachment 9: client interview 5, striped version**

~~Marijn: Okay, so you give permission for recording?~~

~~(Czech conversation)~~

~~Michal: Off course.~~

~~Marijn: So, could you tell uh… in whi… which phase you are and for how long you are in the program.~~

~~(Czech conversation)~~

~~Michal: Uh… I am here uh… for 11 months and I am on the second stage and I hope uh… in 30 days uh… I will be on the highest stage.~~

~~Marijn: Okay. So, first we will ask…~~

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~~(Czech conversation)~~

~~Michal:~~ Reflections and opinions of other clients.

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~~Marco: Do you have a role model in this group which is an example for you?~~

~~(Czech conversation)~~

~~Michal:~~ No.

~~Marijn: But, are you maybe a role model to someone else.~~

~~(Czech conversation)~~

~~Michal: Yeah.~~

~~(Laughter)~~

~~Marco: So, how is that working for you?~~

~~(Czech conversation)~~

~~Michal:~~ It’s a part of my motivation to be a role model for somebody.

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~~(Czech conversation)~~

~~Michal: Uh…~~ I can see the differences between new comers and ~~uh…~~ myself and that shows me that the therapy works because ~~uh…~~ I can tell the new comers that ~~uh…~~ ~~it will be…~~ it will works also for you when it works for me.

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~~Marijn: In group therapy and has there been clients who has relapsed during your stay?~~

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~~Michal:~~ Yeah two guys ~~uh… got be…~~

~~(Cough)~~

~~Michal:~~ been to doctor and they didn’t return back.

~~Marijn: And how did the therapist deal with that in group therapy?~~

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~~Marijn: Hmhm.~~

~~Marco: In what way is safety and trust guaranteed by the staff members during group therapy?~~

~~Michal: Hmhm.~~

~~(Cough)~~

~~(Czech conversation)~~

~~Michal:~~ Yeah, we very often talk about rules and ~~uh…~~ rules are accented here ~~in the,~~ in the community life. So, it’s about rules.

~~Marco: And are those rules used consequently during group therapy, according to you?~~

~~Michal: Hmhm.~~

~~(Czech conversation)~~

~~Michal:~~ Yes.

~~Marco: Hm. And what is the effect of uh… the consequently used rules on the group?~~

~~(Czech conversation)~~

~~Michal: Uh… it’s for me, I don’t know how to uh… call the tool uh… when you want to make horse move.~~

~~Marijn: Hmhm. Like a whip.~~

~~Michal: Uh…~~

~~Marco: whip, yeah~~

~~Michal:~~ Yeah, a whip on my and some of the rules I take to my future life also, because ~~uh…~~ that works for me.

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~~Michal:~~ They give us change. They ~~don uh…~~ don’t use quick reflections, because ~~uh…~~ we as clients sometimes ~~uh…~~ we react ~~very…~~ very quickly and they ~~uh…~~ ~~just~~ ~~uh…~~ have ~~uh…~~ their time for reflections and sometimes ~~they…~~ they talk something completely different ~~that uh…~~ than we as the clients ~~uh…~~ use as a reflection. ~~Uh…~~ I think they are they are professional in that way.

Marco: Hm.

~~Marijn: Okay.~~

~~(Cough)~~

~~Marijn: Well, we go to the next topic about the qualities and skills of you. Because is there uh… paid attention to your qualities and skills during group therapy?~~

~~(Czech conversation)~~

~~Michal: Yes, off course.~~

~~Marijn: Off course. Can… can you maybe give an example of uh… such qualities and skills of you?~~

~~(Czech conversation)~~

~~Michal:~~ ~~Uh… yeah uh… all clients know that uh… I, I was aggressor in the past and uh… right now I have it a little bit uh… in a different way, but uh… everybody knows it and they accept it that I am like I am right now.~~

~~Marijn: And how specifically can you use those qualities and skills in group therapy?~~

~~(Czech conversation)~~

~~Michal: Uh… I think the positive uh… my my positive uh… skills uh…~~ I can provide to other clients in the group ~~and I don’t know if I uh… asked properly what you asked, but~~

~~Marijn: Hm.~~

~~Michal: That’s my… that’s my answer.~~

~~Marco: Yeah,~~ they’re paying attention to those skills and they can use it in group therapy to other clients.

~~(Czech conversation)~~

~~Michal: Yes.~~

~~Marco: And how does those qualities and skills help your… help you in your recovery process?~~

~~(Czech conversation)~~

~~Michal:~~ It helps, helps me to make a stronger self-esteem.

~~Marco: Hmhm.~~

~~Marijn: Hmhm.~~

~~(Czech conversation)~~

~~Michal: That’s all.~~

~~Marco: Hm.~~

~~Marijn: Okay.~~

~~Marco: So, the next topic is about behavioural change.~~

~~(Czech conversation)~~

~~Marco: How does group therapy help you to be aware of your old behavioural patterns?~~

~~(Czech conversation)~~

~~Michal:~~ ~~Yeah, off course uh…~~ thanks to group therapy I change my behaviour ~~very very…~~

(Czech conversation)

~~Michal:~~ I feel a ~~big uh…~~ big change in the way of ~~uh… of~~ behaviour.

~~(Czech conversation)~~

~~(Cough)~~

~~Michal:~~ Thanks to group therapy.

~~Marco: Hm.~~

~~Marijn: Okay.~~

~~Marco: And could you give an example how the group was involved i… in thit… in this change?~~

~~(Czech conversation.~~

~~(Moving chair)~~

~~Michal: uh… yeah~~, I have to think about anger and ~~uh…~~ about aggression and ~~uh…~~ the group gave me possibilities how to ventile my aggression or my anger in another way than ~~during the… that…~~ through the violence or through the ~~uh…~~ screaming.

~~Marijn: Hm. So, how does your new behavioural pattern looks like right now?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ ~~I uh…~~ I know I can ventile my aggression ~~uh…~~ during the ~~uh…~~ physical exercises or during the music ~~I…~~ I have another ways how to~~…~~

~~Marijn: Hm, okay.~~

~~Michal:~~ ventile my aggression.

~~(Czech conversation)~~

~~Michal:~~ And I know that ~~uh…~~ anger didn’t brings me any good thing in the past.

~~Marijn: So, I think we can move on to client centred.~~

~~Marco: We have one more question about uh… social network.~~

~~Marijn: Oh, social network yeah.~~

~~Marco: Hm.~~

~~Marijn: Because in what way is there paid attention to rebuilding a social network for outside the community?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ I am talking about my plans to future and ~~uh…~~ I am also ~~talking…~~ talking about ways how to get these goals.

~~(Czech conversation)~~

~~Michal: Off course,~~ the group is asking me ~~uh…~~ how it works for me ~~and uh… and so on.~~

~~Marijn: Yeah.~~

~~Marco: Hm.~~

~~(Cough)~~

~~Marco: And now we can go to client centred.~~

~~Marijn: Yeah.~~

~~Marco: What is the role of the therapist during group therapy?~~

~~(Czech conversation)~~

~~(Laughter)~~

~~Michal: Top therapists.~~

~~(Laughter)~~

~~(Czech conversation)~~

~~Michal:~~ I think they are something like eagle eye of the group, they ~~uh…~~ hold the limits and ~~uh…~~ they stop some bad process that maybe ~~uh…~~ is started.

~~Marijn: Hm.~~

~~Marco: Hm.~~

~~Marijn: And who decides the topics which are discussed during group therapy.~~

~~(Czech conversation)~~

~~Michal: We as clients.~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ we bring our topics to group therapy.

~~(Czech conversation)~~

~~Michal: And uh…~~ we as a clients ~~uh… uh… please… uh…~~ we vote about the topic.

~~Marijn: Hm.~~

~~Michal: If uh… some proposal uh… we accept or not.~~

~~Marco: Hm.~~

~~Marijn: And how big is your influence in deciding uh… which topic is discussed?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ I support all the topics, because I think people have right to solve their problems during the group therapy.

~~Marco: And…~~

~~(Cough)~~

~~Marco: uh… in what influe… in what way are able to uh… bring up your own topic and get those discussed?~~

~~Michal: Hmhm…~~

~~(Czech conversation)~~

~~Michal: Uh… yeah if~~ I have some issue~~…~~

~~(Czech conversation)~~

~~Michal:~~ I just ~~uh…~~ ask the group and I tell that it’s a big problem for me and ~~uh…~~ I think we know about each other ~~uh…~~ who is solving ~~uh…~~ which issue and how ~~different, no different…~~ how hard is it for us.

~~Marijn: Hm.~~

~~Michal: We know that uh… my topic uh… is a little bit harder than another topic I don’t know why uh… how, but we know it.~~

~~Marijn: What does not contribute to your recovery process in group therapy?~~

~~(Czech conversation)~~

~~Michal: uh…~~ for me does not contribute if somebody ~~uh…~~ don’t accept the therapy if ~~uh…~~ he have no ~~uh…~~ no contributions ~~for…~~ for somebody during the group therapy.

~~Marco: Hm. And did it happen?~~

~~(Czech conversation)~~

~~Michal: Sometimes.~~

~~Marco: So, how do you deal with it?~~

~~(Czech conversation)~~

~~Michal: It’s not my problem so uh… I am quite okay with it, but uh… in the last step uh… I didn’t like it that somebody don… don’t work, but again it’s not about me.~~

~~Marco: Hm. And what does contribute you… to your recovery process in group therapy?~~

~~(Czech conversation)~~

~~Michal: Uh, I think you… you asked for this question.~~

~~(Czech conversation)~~

~~Michal:~~ Reflections.

~~Marijn: Yeah.~~

~~Marco: Yeah, okay, yeah.~~

~~(Czech conversation)~~

~~Marco: Are there more things that contributes?~~

~~(Czech conversation)~~

~~Michal: Uh…~~ to feel supportive ~~uh…~~ support ~~of the…~~ of the problem~~…~~

~~(Czech conversation)~~

~~Michal:~~ That I can share my~~…~~

~~(Czech conversation)~~

~~Michal:~~ Problems and issues.

~~Marijn: Hm.~~

~~Marco: Hm.~~

~~Marijn: Okay. So we will go on uh… about individual counselling.~~

~~(Czech conversation)~~

~~Marijn: And how many times do you get individual counselling per week or per month?~~

~~(Czech conversation)~~

~~Michal:~~ Two or three times a month.

~~Marijn: Two or three times. And…~~

~~Marco: Hm.~~

~~Marijn: In which way can you determine this frequency yourself?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ it’s about dialogue between me and my keyworker.

~~Marijn: Okay.~~

~~(Czech conversation)~~

~~Michal: Uh… in any case, I… I don’t like this.~~

~~(Czech conversation)~~

~~Michal: Uh…~~ I would like to have ~~uh…~~ more individual sessions.

~~Marijn: Okay.~~

~~Marco: For what reason?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ we have many duties that we have to do ~~uh…~~ on individual sessions and thanks to the low frequention ~~uh…~~ that I am going ~~uh…~~ very slow in this process during this duties.

~~(Czech conversation)~~

~~Michal: Yeah, but uh… off course it’s about part of my personality uh… that I am uh… trying to get… get hurry in every process.~~

~~Marco: Hm. And… but in what way can you influence the frequency, like to get more individual counselling?~~

~~(Czech conversation)~~

~~Michal: I think no, because uh… the keyworker, I am not the only client of my keyworker and we have to share uh… her or his time.~~

~~Marco: Hm. So, just three times a month and not more.~~

~~(Czech conversation)~~

~~Michal: Yeah.~~

~~Marco: Okay.~~

~~Marijn: Okay.~~

~~Marco: Hm.~~

~~Marijn: And in what way do they offer creative activities during individual counselling?~~

~~Michal: Hmhm.~~

~~(Czech conversation)~~

~~(Cough)~~

~~Michal:~~ No in ~~ind…~~ individual sessions.

~~Marijn: But would you, would you like it?~~

~~(Czech conversation)~~

~~Michal:~~ No.

~~(Laughter)~~

~~(Moving chair)~~

~~Marijn: Okay. That’s clear.~~

~~Marco: So, we can go to the next topic, it’s about the qualities of the counsellor.~~

~~(Czech conversation)~~

~~(Cough)~~

~~Marco: Could you name three aspects of the attitude of your counsellor that helps you in your treatment?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ I have problems with my keyworker and I~~… I~~ would like to change her.

~~Marijn: Hm.~~

~~(Czech conversation)~~

~~Michal: Yeah, but I think uh… that’s uh… that the part of uh… plan of uh… therapeucital… therapeutical team that I have to cooperate with her.~~

~~Marijn: Hmhm.~~

~~Marco: Hm.~~

~~Marijn: and what things in the relationship do you not like right now?~~

~~(Czech conversation)~~

~~Michal: Maybe,~~ we are almost the same and ~~uh…~~ that ~~uh…~~ makes the relationship ~~uh…~~ quite hard.

~~Marijn: Hm.~~

~~Marco: In… in what way the same?~~

~~(Czech conversation)~~

~~Michal: Yeah uh…~~ ~~I think uh… it’s about bad communication.~~

~~(Czech conversation)~~

~~Michal: Uh… yeah uh…~~ we don’t understand each other.

~~(Czech conversation)~~

~~Michal: Yeah, but uh…~~ when we have individual session that works.

~~(Czech conversation)~~

~~Michal: uh…~~ that works for me very good and I think she know how to work with me.

~~(Czech conversation)~~

~~Michal:~~ with the individual sessions I~~… I~~ am very satisfied.

~~Marco: Hm.~~

~~Marijn: And during those individual sessions uh… are you stimulated to have or to take more responsibilities?~~

~~(Czech conversation)~~

~~Michal: Yes, off course.~~

~~(Czech conversation)~~

~~Michal: yeah, uh… second phase uh…~~ second stage of the treatment is about responsibilities.

~~Marijn: Okay. And how does the keyworker stimulates this, this responsibilities?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ she is a supervisor of my duties ~~that uh…~~ if I do all I have to do. ~~And uh… also if I am uh…~~

~~(Czech conversation)~~

~~Michal: Yeah, it’s also about control if I do all I have to do.~~

~~Marco: Hm.~~

~~(Cough)~~

~~Marco: I have one more question about the relation uh… because which aspects in the relations… in the relationships are important for you?~~

~~(Czech conversation)~~

~~Michal: Uh… she…~~ she got understanding for me, I can be ~~uh…~~ hundred percent open and ~~ma…~~ this is the most important.

~~Marco: Hm…, okay.~~

~~Marijn: Okay.~~

~~Marco: So, we go to the topic motivation. Is it necessary for you to be motivated by your counsellor during your treatment?~~

~~(Czech conversation)~~

~~Michal: No.~~

~~Marijn: Okay. Why not?~~

~~(Czech conversation)~~

~~Michal:~~ I don’t have to be motivated by people.

~~Marijn:~~ Just motivation by yourself.

~~Michal: Yes.~~

~~Marco: So, where do you get motivation from?~~

~~(Cough)~~

~~(Czech conversation)~~

~~Michal:~~ My past.

~~Marco: Hm.~~

~~(Czech conversation)~~

~~Michal:~~ And my future.

~~Marijn: Hm.~~

~~Marco: Hm.~~

~~Marijn: So, do you notice that you or… that you and your individual counsellor are equal?~~

~~(Czech conversation)~~

~~(Laughter)~~

~~Michal: Yeah, off course.~~

~~Marijn: Yeah, and how do you notice that?~~

~~(Czech conversation)~~

~~Michal:~~ I ~~uh…~~ don’t noticed, but I know it.

~~Marco: Hm.~~

~~Michal:~~ We are all equal.

~~Marijn: Yeah.~~

~~Marco: And how do you notice during individual counselling that you can say whatever you want?~~

~~(Czech conversation)~~

~~Michal:~~ ~~Yeah, that’s quite uh… that’s quite easy uh… I know that I have to uh… be open during the individual sessions, because uh… that’s treatment is about be open and~~ I ~~uh…~~ trust her ~~so for me it’s uh… easy question.~~

~~Marco: Hm. And how does the counsellor shows empathy towards you?~~

~~(Czech conversation)~~

~~Michal: Uh…~~ ~~yeah, yes I…~~ I know ~~how to uh…~~ if she is ~~on… on the… on the same way if here… if she is~~ emphatic, but I think many times she is not.

~~(Czech conversation)~~

~~Michal: Yeah, uh…~~ very often ~~I…~~ I feel some negative ~~uh…~~ signals.

~~Marijn: Hm.~~

~~Marco: How does that come?~~

~~Michal: Uh… how does it come?~~

~~Marco: Hmhm.~~

~~(Czech conversation)~~

~~Michal: Maybe, uh… some question uh…~~ some answers on my questions and ~~uh…~~ maybe I am not symphatic for her.

~~Marco: Hm. Hm.~~

~~Marijn: Hm. Have you ever showed resistance to change behaviour towards your counsellor?~~

~~(Czech conversation)~~

~~Michal: uhm… I think that’s…~~ No.

~~(Cough)~~

~~Marco: So, the next topic is about changing behaviour.~~

~~(Czech conversation)~~

~~Marco: What contribut… contributes individual counselling to your awareness of old behavioural patterns?~~

~~(Czech conversation)~~

~~Michal:~~ Communication about my problems and finding solutions.

~~Marijn: Hm.~~

~~Marco: Hm.~~

~~Marijn: And how are helped by your counsellor to break through these old patterns?~~

~~(Czech conversation)~~

~~Michal: Uh… yeah~~, we talked about my past ~~uh… very…~~ in very detailed way and also the questions she gave me ~~uh…~~ makes me ~~uh…~~ think about things.

~~Marijn: Hm.~~

~~(Cough)~~

~~Marijn: So that stimulates you to break through these old patterns?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ ~~and it make…~~ it makes me stable.

~~Marijn: Stable, okay.~~

~~Marco: And how… how do you develop, like after you break through those patterns, how do you develop new one.~~

~~Michal: Hmhm.~~

~~(Czech conversation)~~

~~Michal: I have to substitute…~~

~~(Czech conversation)~~

~~Michal: Uh…~~ I have to substitute my ~~uh…~~ patterns ~~with,~~ with something else. So, I am trying to be different than in the past, do things in different way.

~~Marijn: Hm. What contributes in individual counselling to develop new uh… behavioural patterns from your uh… counsellor? What is the… how do you say… what is the influence of the counsellor in changing thos… those patterns?~~

~~(Czech conversation)~~

~~Michal: Yeah, she…~~ she can tell me ~~uh… Nati uh… I uh…,~~ you are now~~… now~~ different than in the past. So, reflections like that.

~~(Cough)~~

~~Marco: The next topic is about client centred.~~

~~(Whispering paper)~~

~~Marco: How much influence do you have making your own personal plan?~~

~~(Czech conversation)~~

~~(Moving chair)~~

~~Michal: I think the… my, my uh…~~ influence is about my attitude if I work hard or not.

~~Marijn: Hm.~~

~~Marco: And like, can you… do you make your own personal plan or together with your individual counsellor?~~

~~(Czech conversation)~~

~~Michal: Uh…~~ I think it’s about ~~uh…~~ stage of the treatment. That first two stage ~~are uh…~~ are not as free as the second and third stage. Now I can do bigger steps and also ~~uh…~~ I have more responsibilities about this steps.

~~Marco: Hm.~~

~~Marijn: Hm. So, do you have the idea that you can put your own goals and also your own vision in your personal plan?~~

~~(Czech conversation)~~

Michal: Yeah, off course.

~~Marijn: Okay,~~

~~Marco: Hm.~~

~~Marijn: uhm… and do you have short and long term goals in your uh… personal plan?~~

~~(Czech conversation)~~

~~Michal: Hmhm.~~

~~Marijn: And could you give an example maybe?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ short term is about accommodation ~~after uh…~~ after the community ~~uh…~~ to get a driving license, ~~uh…~~ some more education.

~~(Czech conversation)~~

~~Michal:~~ And the most important ~~uh… uh…~~ short term goal is my son.

~~Marco: Hm.~~

~~Marijn: And long term goals?~~

~~(Czech conversation)~~

~~Michal: Yeah and uh…~~ long term is ~~uh… uh…~~ to move ~~uh…~~ abroad. ~~My sister gave me some proposal.~~

~~Marijn: Hm.~~

~~(Cough)~~

~~Marco: Is there an evaluation of your personal plan?~~

~~(Czech conversation)~~

~~Michal: Yeah,~~ we evaluate ~~uh…~~ the treatment every month.

~~Marijn: Hm.~~

~~Marco: And is there during uh… that evaluation space to give feedback to your counsellor what she does well and what can she do better?~~

~~(Czech conversation)~~

~~Michal:~~ Yeah.

~~Marijn: Hm.~~

~~Marco: Okay.~~

~~Marijn: Hm.~~

~~Marco: Are there other moments that you, that you give feedback to your counsellor, like space for giving?~~

~~(Czech conversation)~~

~~Michal:~~ Anytime.

~~Marco: Okay, yeah.~~

~~(Czech conversation)~~

~~Michal:~~ When she is here on shift.

~~Marijn: Hm.~~

~~Michal: Off course.~~

~~Marco: Yeah.~~

~~Marijn: Hm.~~

~~Marco: Okay.~~

~~Marijn: So, we have some uh… extra questions about individual counselling, more general. What does not contribute to your recovery in individual counselling?~~

~~(Czech conversation)~~

~~Michal:~~ Nothing.

~~Marijn: Nothing. So, everything helps you even though it sometimes… it’s hard because of you uh… you and your keyworker has the same personalities?~~

~~Michal: Hmhm.~~

~~(Czech conversation)~~

~~Michal: Yeah.~~

~~Marijn: Okay.~~

~~Marco: Okay.~~

~~Marijn: And are there other… other things uh… that contribute… do contribute to your recovery process in individual counselling?~~

~~(Czech conversation)~~

~~Michal: I think, I uh… I don’t have any more information, what I mentioned it’s…~~

~~Marijn: Hm.~~

~~Marijn: Okay.~~

~~Michal: What I need~~

~~Marco: So…~~

~~(Cough)~~

~~Marco: Basically you are saying you want to change your… your keyworker because it’s the same personality, but on the other hand is does work.~~

~~Michal: Hmhm.~~

~~Marco: Right?~~

~~(Czech conversation)~~

~~Michal: Hmhm.~~

~~Marco: Okay.~~

~~Marijn: Hm.~~

~~Marco: Okay.~~

~~Marijn: Well, that’s it.~~

~~Marco: That’s it.~~

~~Marijn: Yeah.~~

~~Marco: Thank you.~~

~~(Czech conversation)~~

~~Marijn: Thank you a lot.~~

~~(Laughter)~~

~~(Moving chair)~~

~~Marco: Thanks.~~

~~Natanahu: Thank you.~~

~~Marijn: Thank you.~~

~~(Czech conversation)~~

# **Attachment 10: fragments interview client 5**

Stage 2, 11 months in the community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fragment number** | **Fragments** | | **Label** | **Mainlabel** |
| 5.1. | Reflections and opinions of other clients. | | Value of the group | Group dynamics |
| 5.2. | I am no role model. It’s a part of my motivation to be a role model for somebody. | | Being a role model | Group dynamics |
| 5.3. | I can see the differences between the new comers and myself and that shows me that therapy works because I can tell the new comers that it will also works for you when it works for me. | | Being a role model | Group dynamics |
| 5.4. | I learned to listen to other people. Try to have a sense about a situation of other people and give reflections to other people and accept reflections of other people. | | Value of the group | Group dynamics |
| 5.5. | The intensive process during group therapy. | | Value of the group | Group dynamics |
| 5.6. | I learned it by myself, because I want to work on my treatment. And maybe it’s about I have to be there and I have to work on in the group sessions. | | Motivation in group counselling | Post modern approach |
| 5.7. | The main thing is that I know the group, I can find solution for any problem and may be easier than just by myself. | | Value of the group | Group dynamics |
| 5.8. | Yeah two guys been to doctor and they didn’t return back. They told us what was happened. | | Managing relapse | Professional attitude counsellor/ group counsellor |
| 5.9. | Yeah, we very often talk about the rules and rules are accented here in the community life. So, it’s about the rules. | | Rules | Group dynamics |
| 5.10. | Yes, they are used consequently. | | Rules | Group dynamics |
| 5.11. | It’s for me a whip on me and some of the rules I take to my future life also, because that works for me. | | Rules | Group dynamics |
| 5.12. | For me reflections from therapist are most important and all of them have very huge understanding for all of us. | | Attitude group counsellor | Professional attitude counsellor/ group counsellor |
| 5.13. | They give us change. They don’t use quick reflections, because we as clients sometimes we react very quickly and they just have their time for reflections and sometimes they talk something completely different than we as the clients use as a reflection. I think they are professional in that way. | | Competence of group counsellor | Professional attitude counsellor/ group counsellor |
| 5.14. | My positive skills I can provide to other clients in the group. They are paying attention to those skills and they can use it to other clients. | | Qualities and skills of client | Post modern approach |
| 5.15. | It helps me to make a stronger self-esteem. | | Qualities and skills of client | Post modern approach |
| 5.16. | Thanks to group therapy I change my behaviour. I feel a big change in the way of behaviour. | | Behavioural change | Cognitive behavioural approach |
| 5.17. | I have to think about anger and about aggression and the group gave me possibilities how to ventile my aggression or my anger in another way than during the violence or the screaming. | | Behavioural change | Cognitive behavioural approach |
| 5.18. | I know I can ventile my aggression during the physical exercises or during the music I have another ways how to ventile my aggression. And I know that anger didn’t brings me any good thing in the past. | | Awareness | Cognitive behavioural approach |
| 5.19. | I am talking about my plans to future and I am also talking about ways how to get these goals. The group is asking me how it works for me. | | Value of the group | Group dynamics |
| 5.20. | I think they are something like equal eye to the group, they hold the limits and they stop some bad process that is started. | | Competence of group counsellor | Professional attitude counsellor/ group counsellor |
| 5.21. | We as clients bring our topics to group therapy. And we as a clients vote about the topic if some proposal we accept or not. | | Influence topic | Client centred approach |
| 5.22. | I support all the topics, because I think people have right to solve their problems during the group therapy. | | Influence topic | Client centred approach |
| 5.23. | If I have some issue I just ask the group and I tell that it’s a big problem for me and I think we know about each other who is solving which issue and how hard it is for us. We know that my topic is a little bit harder than another topic I don’t know how, but we know it. | | Influence topic | Client centred approach |
| 5.24. | For me does not contribute if somebody don’t accept the therapy if he have no contributions for somebody during the group therapy. | | Remaining |  |
| 5.25. | Reflections and to feel support of the problem that I can share my problems and issues. | | Value of the group | Group dynamics |
| 5.26. | Two or three times a month. | Frequency | | Client centred approach |
| 5.27. | It’s about dialogue between me and my keyworker. I would like to have more individual sessions. | Frequency | | Client centred approach |
| 5.28. | We have many duties that we have to do on individual sessions and thanks to the low frequention that I am going very slow in this process during this duties. | Frequency | | Client centred approach |
| 5.29. | I think no, because the keyworker, I am not the only client of my keyworker and we have to share her or his time. | Frequency | | Client centred approach |
| 5.30. | No creative activities in individual sessions. No, would not want that. | Creativity | | Post modern approach |
| 5.32. | I have problems with my keyworker and I would like to change her. | Relationship in counselling | | Professional attitude counsellor/ group counsellor |
| 5.33. | We are almost the same and that makes the relationship quite hard, we don’t understand each other. | Relationship in counselling | | Professional attitude counsellor/ group counsellor |
| 5.34. | When we have individual session that works that works for me very good and I think she know how to work with me. With the individual sessions I am very satisfied. | Competence of counsellor | | Professional attitude counsellor/ group counsellor |
| 5.35. | Yes, off course. The second stage of the treatment is about responsibilities. | Taking responsibility | | Client centred approach |
| 5.36. | She is a supervisor of my duties. It’s also about control if I do all I have to do. | Taking responsibility | | Client centred approach |
| 5.37. | She got understanding for me, I can be hundred percent open and this is the most important. | Relationship in counselling | | Professional attitude counsellor/ group counsellor |
| 5.38. | No, I don’t have to be motivated by people. I am motivated by my past and my future. | Motivation in group counselling | | Post modern approach |
| 5.40. | I don’t noticed, but I know it, we are all equal. I trust her. | Relationship in counselling | | Professional attitude counsellor/ group counsellor |
| 5.42. | I know if she is emphatic, but I think many times she is not. Very often I feel some negative signals. | Competence of counsellor | | Professional attitude counsellor/ group counsellor |
| 5.43. | Some answers on my questions and maybe I am not symphatic for her. | Relationship in counselling | | Professional attitude counsellor/ group counsellor |
| 5.44. | No resistance. | Managing resistance | | Professional attitude counsellor/ group counsellor |
| 5.45. | Communication about my problems and finding solutions. | Behavioural change | | Cognitive behavioural approach |
| 5.46. | We talked about my past in very detailed way and also the questions she makes me think about things. | Awareness | | Cognitive behavioural approach |
| 5.47. | Yeah, it stimulates me to break through these patterns and it makes me stable. | Motivation in counselling | | Post modern approach |
| 5.48. | I have to substitute my patterns with something else. So, I am trying to be different than in the past, do things in different way. | Behavioural patterns | | Cognitive behavioural approach |
| 5.49. | She can tell me you are now different than in the past. So, reflections like that. | Behavioural change | | Cognitive behavioural approach |
| 5.50 | Influence is about my attitude if I work hard or not. | Remaining | |  |
| 5.51. | I think it’s about stage of the treatment. That first two stage are not as free as the second and third stage. Now I can do bigger steps and also I have more responsibilities about this steps. | Taking responsibility | | Client centred approach |
| 5.52. | Yeah, I put my own goals in it. | Goals | | Client centred approach |
| 5.53. | Short term is about accommodation after the community to get a driving license, some more education. The most important short term goal is my son. And long term is to move abroad. | Goals | | Client centred apporach |
| 5.54. | We evaluate the treatment every month. | Evaluation | | Client centred approach |
| 5.55. | Yeah, there is space to give feedback during the evaluation. Anytime, I can give feedback when she is here on shift. | Feedback to counsellor | | Client centred approach |
| 5.57. | Nothing that does not contribute | Remaining | |  |

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| **Attachment 11: definition kernlabels** | |
| Mainlabels | Definition |
| Group dynamics | Groepsdynamica houdt interpersoonlijke activiteiten en de onderlinge verhoudingen en relaties in. Ook de vaardigheden die de begeleider inzet gedurende groepsbegeleiding om het groepsproces veilig te laten verlopen. |
| Professional attitude of counsellor/ group counsellor | Hiermee worden de houdingen en competenties van de begeleiders bedoeld die ingezet worden in groepsbegeleiding en individuele begeleiding. Hierbij is de definitie voor ‘counsellor’ de individueel begeleider en de definitie van ‘’group counsellor” de groepsbegeleider. |
| Client centered approach | Hiermee bedoelen we alle aspecten in de behandeling, waarin volgens de literatuur de cliënt centraal hoort te staan. |
| Postmodern approaches | Hieronder vallen de twee postmoderne benaderingen, namelijk: de oplossingsgerichte benadering en motiverende gespreksvoering. De oplossingsgerichte benadering is gericht op groepsbegeleiding. Motiverende gespreksvoering is gericht op individuele begeleiding. |
| Cognitive behavioural approach | Hieronder vallen alle aspecten die bijdragen aan gedragsverandering. Hierbij wordt ook het sociaal netwerk van de cliënt benoemd, omdat dit een aandachtspunt is in deze benadering. |

De fragmenten uit de interviews met cliënten hebben we genummerd van één tot en met tien. Bij de fragmenten uit de interviews met de begeleiders hebben we ervoor gekozen om een G of een I voor de fragmenten te zetten. Dit hebben we gedaan, zodat het duidelijk is of het fragment afkomstig is uit een interview over groepsbegeleiding of over individuele begeleiding. Het ziet er dan als volgt uit:

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| **Fragments** | **Target group** |
| Starting with G.12/ G.13 | Group counsellors |
| Starting with I.11 | Individual counsellors |

In de volgende bijlage vindt u de fragmenten gekoppeld aan de hoofdlabels.

# **Attachment 12: mainlabels and fragments**

Mainlabel group dynamics

*Label value of the group:*

|  |  |  |
| --- | --- | --- |
| 1.3. | Eric said that most important for him are feedbacks from other clients. | Value of the group |
| 1.16. | It’s about feedback group tell me what I’m doing bad and which way I can go another way. | Value of the group |
| 1.22. | The feedback and critics are the main important things for me and also some counsels. | Value of the group |
| 2.3. | Reflections from other clients. The biggest value are reflections with accent on the group. | Value of the group |
| 2.10. | First that Martina mentioned is about stay on my legs. Be on my own. Group therapy helps me with basic daily program spending free time how to get money without crime. | Value of the group |
| 2.12. | I see changes on other clients day by day and thanks to this I can also make myself better. | Value of the group |
| 2.14. | Important for me that group give me reflections about my bad ways of behaviour, which I am doing a bad way and I can change it, because I know that I am doing bad things. | Value of the group |
| 3.2. | Reflections, counsels and experiences of other clients. | Value of the group |
| 4.1. | During the group therapy I find a new point of view on myself, on my life. They know what I’m talking about, when I’m talking about my problems and about my life with drugs. | Value of the group |
| 4.4. | I found also people with another system of values, then I have. They can be inspiration for me and they can provide me something useful. Thanks to group therapy I changed my, my attitude to people with another system of values. | Value of the group |
| 4.5. | Almost on every group I find something inside me that I didn’t see before. Almost every group I find something new about me. | Value of the group |
| 4.11. | I like too that I can help other people. Other people help me and I like to help them in the same way with my reflections or I can provide them my experience. During the group therapy I learned understanding to other people. Right now I’m able to accept that people can be between. | Value of the group |
| 5.1. | Reflections and opinions of other clients. | Value of the group |
| 5.4. | I learned to listen to other people. Try to have a sense about a situation of other people and give reflections to other people and accept reflections of other people. | Value of the group |
| 5.5. | The intensive process during group therapy. | Value of the group |
| 5.7. | The main thing is that I know the group, I can find solution for any problem and may be easier than just by myself. | Value of the group |
| 5.19. | I am talking about my plans to future and I am also talking about ways how to get these goals. The group is asking me how it works for me. | Value of the group |
| 5.25. | Reflections and to feel support of the problem that I can share my problems and issues. | Value of the group |
| 6.1. | For me group therapy work as a support and for me are important reflections and informations from other people. | Value of the group |
| 6.2. | I take from every client what I need. | Value of the group |
| 6.7. | I think I get something from almost everybody I like to listen to stories I like to see that people around me grow during the treatment and almost everybody give me something so that works for me. | Value of the group |
| 6.13. | It makes my self esteem self esteem stronger. It’s also good for our communication because when people see it I am albe to talk to them that makes our group communication easier. | Value of the group |
| 6.20. | I have to mention reflections, critics and we made something like a map of my emotions of my aggressions we try to find situations which makes me or which make aggression in myself. | Value of the group |
| 7.1. | I have honest reflections from other clients. | Value of the group |
| 8.1. | Pressure of the group that force me to make changes. And second is that we share experience. | Value of the group |
| 8.2. | Thanks to group therapy I can get deep in the problems. | Value of the group |
| 10.1. | For me is important to possiblitiy of reflection, self- reflection to listen to other people how they see my problem, to possibility to share my own experience with other people and to help them with finding solution with their issues. | Value of the group |
| 10.9. | Last week I felt down, my motivation was very low and I take group and I talk to other people how I feel and that helps me quite a lot. I ask people of support and provide me of support and that helps me a lot that I just have space to share this bad feelings with other people. | Value of the group |
| 1.4. | And also from therapist. So the feedback is the main goal for him. It’s about experiences of other people and I can take what I want to take from feedbacks. | Value of the group |
| 3.3. | We can share experiences with many life situations and we can try other of solving problems thanks to sharing our experience ways. | Value of the group |
| 4.2. | It’s important to say that some people in this group have more of my respect than the others. People in the similar age and the experience as I have are easier to accept for me and accept their opinions. | Value of the group |
| 9.1. | I think the power of the group is the phenomena that helps me the most, because nobody can give me better counsel than people that also used to drugs in the past. | Value of the group |

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| G.12.11. | Try to give and learn it to give reflections and learn to take from the other person. | Value of the group |
| G.12.27. | They can discuss whatever and I think that it is about the reflections. The feedbacks and the people they can get support from each other. Because, they are like, I am the expert and he is the client and, I think in the group they are more like the same. They are getting feedbacks from the same people. | Value of the group |
| G.12.31. | On the end of group therapy, we are asking the client satisfied with this group. If this help him or he want something else or more. | Value of the group |
| G.13.2. | The value is that the feedbacks from other people. They realize different point of view. | Value of the group |

*Label being a role model:*

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| --- | --- | --- |
| 2.7. | I think yes. I have family I have experiences with family life. Also I have a daughter. So, I can be a role model in the way of family life and cohabitating with children. | Being a role model |
| 2.9. | I have much more experience than the other clients. So, I can be for them a role model. Sometimes clients ask me what does your husband have to do to start change in you. I provide them my specific experience with relationships and with family life. | Being a role model |
| 2.18. | Yeah, I get a penalty from the stage one. I have been back to stage zero and very often client here aren’t able to be again in stage zero and they leave the community. But, I work very hard and now I am back in the stage one. And I think this is what can I provide to other clients that solutions. | Being a role model |
| 3.5. | A few newcomers told me that they trust me and they feel close to me. And it’s fine to know that I can provide to somebody else this Experience. It’s a factor of motivation for me my value here in community is bigger than just myself. And I’m trying also to work harder, because I can clarify the right way for newcomers. | Being a role model |
| 4.3. | I have experience with ordinary life. I have some carrier, I have some relationship some basement. So I think I can provide people my experience with ordinary life. | Being a role model |
| 5.2. | I am no role model. | Being a role model |
|  | It’s a part of my motivation to be a role model for somebody. |  |
| 5.3. | I can see the differences between the new comers and myself and that shows me that therapy works because I can tell the new comers that it will also works for you when it works for me. | Being a role model |
| 6.45. | And I can provide them some information which they need. | Being a role model |
| 7.5. | I think nobody asked me. | Being a role model |
| 8.27. | I don’t know. | Being a role model |
| 9.3. | Maybe that I have individual program here in community and when people see that works for me they are also trying to have some specialities or some individual phenomena’s during the program. I am trying to help the other people that is good to follow goals. | Being a role model |
| 10.4. | I’d like to, but I didn’t ask anybody. | Being a role model |

*Label having a role model:*

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| 1.5. | No role model. | Having a role model |
| 2.4. | I have three clients here, but one is for me most important. He is very intelligent and he don’t have any problems with the program and with the running of community and if he gives me some reflection it’s very important for me. | Having a role model |
| 2.5. | I feel big support from this man and I think it’s very important to have somebody who is a little bit closer to me than others, because I am not completely alone here. | Having a role model |
| 2.6. | it’s an enigine for me to go forward during the treatment. And also it’s about sense of the treatment and about validation of treatment here in community. Thanks to the role model, I trust more in the program and myself | Having a role model |
| 3.4. | Yes I have one client here as a role model. He is very honest he get lot of experience and he is a source of solutions for me and he also work very hard on himself and that is a good example for me. I can work as hard as he do. | Having a role model |
| 6.4. | They give me power that my work what I am doing here during the therapy is important for other people also. | Having a role model |
| 7.2. | I have more role models. | Having a role model |
| 7.3. | More experienced clients here in community gave me better reflections. | Having a role model |
| 7.4. | We don’t have to any role models but it’s natural here. | Having a role model |
| 8.25. | I think no. I think that should be like that. | Having a role model |
| 9.2. | Yeah, I take something from a few clients. My role model is Nathanael. He has got a son outside the community, and I think he works the hardest of all the clients. | Having a role model |
| 9.4. | No, there is not paid attention of being a role model. I don’t care about it. During the group work we see each other who is working who is good who is not. So, therapist don’t have to talk about it. | Having a role model |
| 10.2. | Unfortunately, she is not here anymore, because I am quite experience. I can see in the past she helps me that we have similar problems and we gone together through them. She provide me another point of view on my problems and she helps me to go over my edge in the process of solving this problem and during the time I realise that I can do it right now. | Having a role model |
| 10.5. | Yes, from the beginning of the treatment the other people are sources for us and from the second stage we have to help other and we can provide them our experience. | Having a rolemodel |

*Label rules:*

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| 1.11. | The rules are still the same. Every therapist use the same rules and in the same way. | Rules |
| 1.12. | The rules provide me some safety. Because I know I can what to want to speak about. Nobody can’t attack me or, just for my opinions. | Rules |
| 2.15. | Rules are using the same way. | Rules |
| 3.12. | Therapists work with rules are still the same. Follow the rules. It’s easier life here. And it’s also preparation for future life. | Rules |
| 4.8. | Rules are something like idol. | Rules |
| 5.9. | Yeah, we very often talk about the rules and rules are accented here in the community life. So, it’s about the rules. | Rules |
| 5.10. | Yes, they are used consequently. | Rules |
| 5.11. | It’s for me a whip on me and some of the rules I take to my future life also, because that works for me. | Rules |
| 6.9. | Yeah we have strong rules the most important rule about group therapy is that what is said in the group therapy is not communicate outside the group with anybody else. | Rules |
| 6.10. | Yeah, it’s very important to use the rules for everybody in the same way. Therapist do that. | Rules |
| 7.9. | We have rules for everybody, not just for therapists. | Rules |
| 10.10. | We have something like ehtical codex and the rules are demanded very strongly if somebody takes information outside the group he get big pention. | Rules |

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| G.12.2. | Everything that is happening in the group is only staying in the group and the people that is in the group. Don’t speak about it with other people whithout the group. So, it’s the first rule of the group. For the safety. Don’t eat during the group, don’t drink what Hanza, have just said, this is the most important one, I think. | Rules |
| G.12.4. | Don’t interrupt into speech of someone else. Listen, and when the person is finished then you can speak. | Rules |
| G.12.5. | No aggression. Those are the most important rules. | Rules |
| G.12.6. | If there is someone who break the rules we say it. Now you break the rules and why you do it and stop doing this. Because this is no good for therapy. | Rules |
| G.12.7. | The rules are written on the wall in the room in which we are sitting. So, everybody can read it. | Rules |
| G.12.35. | It’s important that everybody keeps the rules. Sometimes we are not keeping the same rules. It’s important to communicate all the time when there are misunderstandings. Client would be confused. One therapist say yes and the other one say no. | Rules |

*Label safety and trust:*

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| 1.10. | I think that the main reason for safety is that. If I don’t speak about other people outside the community. Outside the group, then other people would speak about me also. We trust each other. | Safety and trust |
| 3.11 | I trust them as a people and I trust all the experience of the staff members. That brings me safety. | Safety |
| 4.7. | I feel safety during the group therapy. Sometimes when somebody is solving some difficult topic. They lead the group in different way. And some not good or bad process start, they can manage it when it’s necessary to stop it. | Safety |
| 4.9. | It makes me feel safely. Thanks to this I don’t feel any blocks inside me. And I can solve my problems in open way. | Safety |
| 9.6. | I think the safety and trust is very important here and also I feel it here outside the community I have some experience with producing drug and that was tough for me to talk about it before other people, but the staff members helps me with the change that I started to trust the other people. | Safety and trust |

Mainlabel professional attitude counsellor/ group counsellor

*Label attitude counsellor:*

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| 2.32. | I have to feel that my keyworker is listen to me he trust me and he know what I am talking about. I think all of them are able to provide me this attitude. | Attitude counsellor |
| 2.37. | About the attitude I feel that we are equal. | Attitude counsellor |
| 3.32. | She saw me as an adult man. With all my responsibilities and duties and she demanded this responsibilities and duties. | Attitude counsellor |
| 4.21. | The first is patience, Professional attitude and respect to my personality. | Attitude counsellor |
| 4.25. | If the staff member notice that something is going wrong inside the community, they feel free to ask. What is going about right now, what do you need right now. | Attitude counsellor |
| 6.33. | She got huge amount of understanding for me. I don’t have any blocks before her. Her reflections, her good mood. | Attitude counsellor |
| 7.22. | Honestness and open mind. | Attitude counsellor |
| 7.23. | She support me from the start. When I was impatient, she was supportive and she support me. She’s not critical in bad way. | Attitude counsellor |
| 8.12. | She work quite hard on me. She force me to find my internal person inside me. And the hard attitude when she didn’t let me breathe, that worked for me. | Attitude counsellor |
| 8.16. | During the individual sessions, she let me lot of time. She don’t hurry on me. And during the daily, daily program. | Attitude counsellor |
| 9.21. | She is sensitive, carefull and empathic or understanding. | Attitude counsellor |
| 9.22. | I think no aspects that are not working for me. | Attitude counsellor |
| 9.23. | For me is important her opennes and also worked for me that Jannah is something like specialist on relationships and I can talk with her about relationships to women, about sex, about relationship to my family. | Attitude counsellor |
| 9.24. | And also her uncompromised attitude, when I did something bad and I was degraded to a lower level. She just told me you did those things bad and that’s okay that you have been degraded. | Attitude counsellor |
| 9.30. | I can say when we talk about some topic that hurts me a lot I saw on her eyes that she is there with me. | Attitude counsellor |
| 10.22. | Her patience, her quiteness and also she let me a lot of space to speak, she just give me some points where can I go but she don’t force me in any direction and she let me find my own way, how to solve my issues. | Attitude counsellor |
| 10.23. | Confidence and rigidity. I think for us as addicted people is rigidity very important, for me it’s very important that she demands much and she don’t let me go like lazy. | Attitude counsellor |
| I.11.7. | Anetta is saying that she’s not really controlling. That it often leads to the clients not performing as well as they should. But on the other hand, her experience leads to the effect of the clients trust her. | Attitude counsellor |
| I.11.8. | She’s saying that at the beginning of the therapy that she gives her clients, a lot of freedom and after a while, when she realizes that they are not performing well, that she becomes more bossy and directive. | Attitude counsellor |
| I.11.11. | But when she approaches the more autoritive approach. That they will learn their actions have consequences and they will get some sanctions. | Attitude counsellor |
| I.11.29. | The therapist should be like a positive role model for the client, he should be responsible and open. And he needs to have a lot of life experience. And he has to be authentic or natural at their work. | Attitude counsellor |
| I.11.31. | The therapist don’t have to be a perfect human being. That he knows he is allowed to make mistakes.  It’s about teaching the client that a mistake does not have to mean that it’s the end of everything. Also being able to realize your own mistake. | Attitude counsellor |
| I.11.44. | They need to be subjective, because of the client. It can more like supportive when the client is anxious or depressive or more directive when the client doesn’t have a problem with that. And you need to be strict and monitoring there are things that are just given like financial responsibilities. If they don’t fulfil those given things, then there are sanctions. | Attitude counsellor |
| I.11.46. | Honesty, openness, support, authenticity and boundaries. | Attitude counsellor |

*Label relationship in counselling:*

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| --- | --- | --- |
| 2.33. | For me it’s perfect. I feel that I have limit in this relationship. I have respect and we both have respect to each other. I am completely satisfied like this qualities of our relationship. | Relationship in  counselling |
| 2.36. | And for me it’s good to see that I am not the ex- junky, I am not the ex- user and she is the smartest one. for me it’s very important we can have the same opinion on something. And also it’s about communication, it’s about trust between us. | Relationship in  counselling |
| 3.26. | I appreciate speaking about this directly also is very important relationship between two people that is limited but clear and I understand this relationship. | Relationship in counselling |
| 4.25. | We just don’t talk about my problems, but we talk like a friend to friend. | Relationship in counselling |
| 5.32. | I have problems with my keyworker and I would like to change her. | Relationship in counselling |
| 5.33. | We are almost the same and that makes the relationship quite hard, we don’t understand each other. | Relationship in counselling |
| 5.37. | She got understanding for me, I can be hundred percent open and this is the most important. | Relationship in counselling |
| 5.40. | I don’t noticed, but I know it, we are all equal. I trust her. | Relationship in counselling |
| 5.43. | Some answers on my questions and maybe I am not symphatic for her. | Relationship in counselling |
| 6.27. | At first helpfulness, we are equal and also dignity. | Relation in counselling |
| 6.28. | Support during hard times here she doesn’t always have time for me if I need it. | Relationship in counselling |
| 7.25. | No because this behavioural pattern I have from outside the community. And Blanca and other therapist, are for me natural authorities. And this is the only way I respect authorities. | Relationship in counselling |
| 8.13. | I have very friendly based relationship to Petra. | Relationship in counselling |
| 9.29. | Jannah is very open person. At the beginning of individual sessions every time she tells me something about herself. Sometimes, I think also information that goes opposite to principles of the treatment. But that shows me that I am sitting in the room with the same person as I am. I don’t know how old Jannah is, but when I talked about something really into details of sex she were able to tell me about her sexual problems. I realise that we are the same people. | Relationship in counselling |
| 9.31. | I have been promoted the second stage. I have strong fears about this process and she keep me up that I have to ask the group. Maybe the group wouldn’t let me go to the second stage, but the group let me. And when I saw her first time after my promotion she hugged me and I know that there was a strong moment of my treatment for me. | Relationship in counselling |
| 10.27. | It’s about feelings, it’s about she respects me, she listen to me, she listen to me even in situation where we have opposite opinions and she is able to accept my opinion. I feel that from her it’s natural, it’s not part of professional role. It happens one times that she cries with me in the individual session. | Relationship in counselling |

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| I.11.9. | Anetta is saying that, the openness that she has experienced, allows the clients to get deeper in their issues in relationships. And they get to like explore more intimate issues that they wouldn’t otherwise. | Relationship in counselling |

*Label competence of counsellor:*

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| --- | --- | --- |
| 3.30. | She gave me a positive feedback when I do something good. And she give me reflections about my treatment. And I started to trust. And now I see something like friend in her. | Competence of counsellor |
| 5.34. | When we have individual session that works that works for me very good and I think she know how to work with me. With the individual sessions I am very satisfied. | Competence of counsellor |
| 5.42. | I know if she is emphatic, but I think many times she is not. Very often I feel some negative signals. | Competence of counsellor |
| 6.29. | He or she is straight with me. | Competence of counsellor |
| 7.29. | Blanca is my guide for my problems. She helps me to open my mind. And she offers me another possibilities. | Competence of counsellor |
| 8.14. | She give me positive reflections. And she encourages me. | Competence of counsellor |
| I.11.10. | And Elaina is saying when one of her approaches doesn’t work, that she employs the other. And that the positive effect of the freedom is that they become more open and they trust her more, but they also learn how to be responsible for themselves. | Competence of counsellor |
| I.11.18. | Her focus is more on psychodynamics and psychoanalyses, that doesn’t reveal those methods and techniques. She uses them in group therapy, but not with individual. Because it is not her focus. | Competence of counsellor |
| I.11.19. | Each one of the therapists have different focus. And then that focus they employ on all their clients. | Competence of counsellor |
| I.11.20. | If she had a client that would be like really close, that she could imagine like using some of the creative techniques, but she never had to do it in practice. | Competence of counsellor |
| I.11.23. | Elaina says leaving the topic of the counselling up to the client. But also she works with the body like relaxation methods. And also works with the past and looks for the patterns of the behaviour. | Competence of counsellor |
| I.11.43. | Anetta said that she has to have self-experience with therapist is important. Also that she doesn’t tremble over sensitive topics. Also boundaries, being able to hear someone out and connect to the client, communication, openness and authenticity. | Competence of counsellor |
| G.12.15. | I try some techniques to do. It’s like we have a line and to made how you feel from 1 to 10. I use it but not in the group only in the individual therapy. | Competence of counsellor |

*Label Attitude group counsellor:*

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| 1.13. | I think honestness and it’s about I’m here in this place and I would do step back. And also some critics are good for me. | Attitude group counsellor |
| 1.18. | Sometimes they are more active and sometimes they just sit and look around what is going about in the group. It’s not about personal thing of therapist, it’s about the group that group have another needs. Depends on topic and it’s very individual. | Attitude group counsellor |
| 2.22. | Very often they are passive, they just listened and they have right to say stop if something works in a better way. Sometimes they provide us information or they can clarify for us something that we don’t understand. But if it’s not necessary they don’t have any integration into the group. | Attitude group counsellor |
| 3.10. | I appreciate that they are very honest. Good thing and bad things they told us directly. | Attitude group counsellor |
| 3.13. | Honestness. It’s reality. | Attitude group counsellor |
| 3.18. | Very often they just listened and they give us space to speak about topics. And speak about our problems. When it’s needed they intervent a little bit. | Attitude group counsellor |
| 3.20. | I think yes, because we have enough space every one of us knows that there is somebody who is leading the group and who can help us. If we need it. | Attitude group counsellor |
| 5.12. | For me reflections from therapist are most important and all of them have very huge understanding for all of us. | Attitude group counsellor |
| 8.3. | The staff member have some impact if the process is gonna go to difficult topic or some very strong topic. But very often they just let the group work. | Attitude group counsellor |
| 10.11. | I like that the staff members let us lead the group by ourselves, but if necessary they take a leadership. And also I like that I know that the staff members are also the same people as I am. They share some problems with us, they share their emotions and that I think that works very good for me. | Attitude group counsellor |

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| G.12.1. | One is the first therapist and this therapist is speaking about the topic in the group. And the second therapist is watching for the group and watching the directions and helping the other members of group. | Attitude group counsellor |
| G.12.10. | In individual therapy I try to not to be, but maybe the client may think I am an expert. In group therapy it is better because there are the other clients which given the reflection. They are in the same situation. So it can be more valuable for the clients. | Attitude group counsellor |
| G.13.1. | So one is checking the people and one is leading the group. | Attitude group counsellor |
| G.13.14. | To be authentic. | Attitude group counsellor |
| G.13.16. | Sometime it’s active and sometimes it’s more passive. | Attitude group counsellor |

*Label competence of group counsellor:*

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| 1.24. | And are important feedbacks from therapist. Because another point of view. | Competence of group counsellor |
| 3.19. | Sometimes they support some process which they find important. And if somebody don’t know what to say or how to speak about something, they also can help the client with this topic or speech. | Competence of group counsellor |
| 4.14. | We have wide open space during the group therapies. The most important role is they are catching if the group is focussed on the goal that’s needed. If we as clients, go on the wrong way, they can help us to find the right way again. | Competence of group counsellor |
| 5.13. | They give us change. They don’t use quick reflections, because we as clients sometimes we react very quickly and they just have their time for reflections and sometimes they talk something completely different than we as the clients use as a reflection. I think they are professional in that way. | Competence of group counsellor |
| 5.20. | I think they are something like equal eye to the group, they hold the limits and they stop some bad process that is started. | Competence of group counsellor |
| 6.11. | It’s willness endurance they are brilliant I think they don’t have any mistake. | Competence of therapist |
| 6.21. | They are spectators. I also expect from them reflections. Critics maybe some counsels and they are part of the therapeutical group. | Competence therapist |
| 7.10. | Empathy, listening and they can counsel us. | Competence of group counsellor |
| 9.7. | First thing is that during the group therapy we are sitting in a circle and I know that the therapist are looking for all of us and if something change with me, I could say when I started to cry they stop the process and they are focussed on me at the moment. | Competence of group counsellor |

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| G.12.8. | We speak about emotions. Like what do you feel now. If you say this or some people say this to you. What is it doing to your emotion. What’s been up in your mind and your feelings. | Competence of group counsellor |
| G.12.16. | Petra: I know something about it, but I don’t use it. I didn’t have a special education in this approach. | Competence of group counsellor |
| G.12.17. | Hanza: Because, I work in the different centre of this organisation with drug addicted people on the street. And in that centre, some harm reduction. I look good and read some books about that. | Competence of group counsellor |
| G.12.19. | I am not sure if and how I can use it in the group therapy. I think that this technique with line came from cognitive behavioural therapy. | Competence of group counsellor |
| G.12.20. | Petra: I work with CBT, but only in one session. Because in my training which is called integrative psychotherapy. We have a little bit of the CBT training. So, I am using it but only in one to one session with client. | Competence of group counsellor |
| G.12.22. | I am not trained to use it in group therapy. I will need to have the experience. | Competence of group counsellor |
| G.12.23. | Hanza: And I give a question for in the therapy to join the other members of group to have equal contact. | Competence of group counsellor |
| G.12.24. | Hanza: I didn’t have a training. Sometimes I am reading in some books about method. I I try this method in the group, but it’s not special training. It’s from the behavioural therapy or from family therapy. | Competence of group counsellor |
| G.12.25. | Some of us are using different approaches what I have just said the building family. And one collegeau, Janna she has a lot of training and she knows a different method. I think she is the most creative one, but I think it’s more less similar. | Competence of group counsellor |
| G.12.29. | I think everyone of us should have special training. That’s first. In this training I am kind of client in the group and I am seeing the leader of the group how he works with us. And he is showing us the special techniques we are learning. | Competence of group counsellor |
| G.12.30. | Important is listening. What the client is all about is speak and think or what about and what he said and how he or she say it. And then listen to how what it is doing with the other members of group. Emotionally or dynamic of the group. And the reacting, like if I see that some member of group look like don’t feel good. I can ask him why. What is the reason. The other can speak about it. | Competence of group counsellor |
| G.12.34. | Keep the border. Because they are you know, drug users. They are trying to cross the border and it’s important to keep the border. For myself, but it shows that everything has it’s limits. They can’t break it all the time. And also you have to be like friendly. To keep the border, but also to be friendly. To respect them. | Competence of group counsellor |
| G.13.4. | In our therapy there is nobody who are able to work with CBT. Because, we don’t know it. | Competence of group counsellor |
| G.13.9. | We are seven different people. And every of our team, have different skills. | Competence of group counsellor |
| G.13.10. | I don’t know because I never thinking about it. | Competence of group counsellor |
| G.13.11. | Intuitive. | Competence of group counsellor |
| G.13.12. | Everybody use active listening, you know you have to ask good questions at the right time. Recognize the emotions and the clients. | Competence of group counsellor |
| G.13.15. | I think we should be able to recognize what is happening with us. | Competence of group counsellor |
| G.13.17. | We are individualty, because we have different trainings. It’s concept of multi-professional team. And everybody in the team get another skills. And everybody of the team can provide another methods and another experiences to clients. | Competence of group counsellor |
| G.13.19. | It is a question of me. Because for instance I would not want to do the CBT training, because it’s not what I prefer. So we can chose it. | Competence of group counsellor |

*Label managing relapse:*

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| 1.9. | I think they should recommend me some detox. Short term detox. And then continuing this program or another program. | | Managing relapse |
| 2.13. | The most important not to be judge and not make any execution about us and be supportive and try to show ways that you can still grow. It’s not the end of your life | | Managing relapse |
| 3.9. | I think most important is to find the reason why relapse come. And trying to find also some ways, how to prevent another relapses. | | Managing relapse |
| 4.6. | The staff told to other clients, that these two guys been dropped. And we got space to talk about our feelings. And talk about it that they just break the rule and they have to leave community. I appreciate this attitude, because we got information about it. | | Managing relapse |
| 5.8. | Yeah two guys been to doctor and they didn’t return back. They told us what was happened. | | Managing relapse |
| 6.8. | Yes, two guys. we talk about it beside group therapy we talk about our harm situation or harmfull situation and how to prevent this situation and how to recognize that came. | | Managing relapse |
| G.12.28. | We have the rule that the client can come twice to our community. So, sometimes it happens, that they come after relapse and we are having interview. What are the topics they want to discuss, they want to have. So, it’s discussed with the client. What is your order? What haven’t we done before in your previous treatment. | | Managing relapse |
| G.13.8. | We talk with them about relapse. We got twice a month special group call prevence of relapse. | Managing relapse | |

*Label managing resistance:*

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| 2.38. | We call it resignation. I have a penalty, because one of the rules here in community is because we are volunteering here. We accept the program and if we don’t want to continue with the treatment it against the rule about acception of the treatment. She told me that I can’t be in the community with my attitude to treatment. | Managing resistance |
| 3.31. | The start of my treatment I was completely in resistance. She didn’t gave up our work. She gave me another chance to continue. The important thing also been she demand same thing for me as for other clients. | Managing resistance |
| 4.26. | I’m doing it still. She don’t try to change my opinions or my attitude to this issues. But we are trying to look what is behind my resistance. | Managing resistance |
| 5.44. | No resistance. | Managing resistance |
| 9.32. | I am fighting with her about my relationship with my girlfriend. Many time she told me that the fact that my girlfriend use drugs also is not good for me is not good for us, but I think we are still growing up both and if we are both growing up it’s good for us and I will fight for this relationship. Because I trust much in it. | Managing resistance |

Mainlabel client centred approach:

*Label frequency:*

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| 1.1. | | Eric said that he didn’t have any individual with keyworker. | Frequency | |
| 1.2. | | Five times a week | Frequency | |
| 1.23. | | I don’t have my keyworker already. But the first possible day I want to have my individual session. | Frequency | |
| 2.1. | | 5 times a week group therapy. | Frequency | |
| 2.26. | | It depends on the shifts of the therapist. I can say that if my keyworker have four day shift in a row every day I have individual session. | Frequency | |
| 2.28. | | When my keyworker is here I can every time ask him for interview. I can ask anybody member every staff member about interview, but my keyworker knows me in the best way. We don’t have rule about I have to interview my keyworker. | Frequency | |
| 2.29. | | It’s enough. They are here for us. | Frequency | |
| 3.23. | | Generally speaking it depends on how many clients have the therapist in care. It depends also on shifts, but my keyworker is here for three days shift, so we have three or at least two individual sessions. | Frequency | |
| 3.24. | | It’s not a problem to me. I like to speak to other therapists also. The experience for me that I can speak to other people, other therapists and I‘m completely okay. | Frequency | |
| 3.28. | | These days I don’t have individual sessions very often she told me sometimes that I’m self-treated. But it’s okay for me, it’s enough. | Frequency | |
| 4.17. | | At least once a week. I have individual session every time when my key worker is on shift. When my keyworker is not here on the shift, I can ask any staff member. | Frequency | |
| 5.26. | | Two or three times a month. | Frequency | |
| 5.27. | | It’s about dialogue between me and my keyworker. I would like to have more individual sessions. | Frequency | |
| 5.28. | | We have many duties that we have to do on individual sessions and thanks to the low frequention that I am going very slow in this process during this duties. | Frequency | |
| 5.29. | | I think no, because the keyworker, I am not the only client of my keyworker and we have to share her or his time. | Frequency | |
| 6.23 | | I have individual sessions about 4 times a month and I can say or I have at least one individual session when here she is on shift. I just have to ask and sometimes I have some crisis intervention also where we walk out the community into the forest I just have one question and in the result we have one hour individual session. I just have to ask and sometimes I have some crisis intervention also where we walk out the community into the forest I just have one question and in the result we have one hour individual session. | Frequency | |
| 7.17. | | Once a week. | Frequency | |
| 7.18. | | Blanca is my keyworker, but I can use any staff member for interview. She is at least two days a week here in community. So I can prepare myself for individual session. And then it’s more helpful. | Frequency | |
| 8.7. | | In average once a week. | Frequency | |
| 8.8. | | It’s up to me and my activity. But of course it has a limit, because she is not here twenty four/ seven. But I don’t have hundred percent influence. | Frequency | |
| 9.16. | | I have individual session every time when Jannah is here on shift and in average for the six months I am here at least once a week. | Frequency | |
| 9.17. | | Yes it’s enough for me but the longer I am here I want to have more individual sessions, because the feel of trust is growing and I think the individual sessions with Jannah gave me the most here. | Frequency | |
| 9.18. | | It’s great that Jannah never said me no. I remember one phone call with my brother I didn’t feel very well after that and I came to Jannah and I can speak about this situation right in the moment I have another individual session when I need it. | Frequency | |
| 10.19. | | Every time when she is here on shift she got four days shifts. But the responsibility day is on me. I have to go and ask her to have individual session and if I don’t ask her during the four days, it’s the same like outside the community nobody outside the community will ask me please would you help with something. | Frequency | |
| I.11.1. | For the clients in the first phase it is once a week and once they go into the second phase, it’s up to them. It’s more independent. | | Frequency |
| I.11.6. | When their therapist is on vacation and they don’t get to have the counselling they stagnate in their process | | Frequency |

*Label influence topic:*

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| 1.20. | Mostly clients. Mostly we have discussion and we chose a topic that seems to be most important. | Influence topic |
| 1.21. | It’s about importancy to to me. If the topic is for me important, I can work with this topic in the group. We can say that individual needs are, are reflected this way in group therapy. My influence is I have to tell the group I have some topic. And I think the group can recognize which topic is important and which is less important. | Influence topic |
| 2.23. | The topics are on clients. I can tell that I need to solve some problems or some of my issues and the decision is about group. Because more clients want do these specific day solve some problems or some issues. | Influence topic |
| 2.24. | And we have to make a group decision. And if we are not able we have therapist and it’s his responsibility make decision about program of the therapeutically group. | Influence topic |
| 3.21. | The costume is that higher phases or higher levels let speak lower levels. | Influence topic |
| 3.22. | I just have to ask that I want to solve my topic and my issue on the group therapy session. If nobody else wants to speak about him topic or her topic. I have to say what is the goal of this group and what I need from the other clients from the group. | Influence topic |
| 4.13. | What is it doing to me when I’m outside community with other people. And we have every time we have space to talk about it, how was the day outside the community inside group therapy. | Influence topic |
| 4.15. | Clients have proposals and the group of clients decides which topic is more important. And in this topic we are talking about in the group session. | Influence topic |
| 4.16. | I don’t want to use my influence like that because I don’t want to feel like I’m manipulating somebody to some direction that he or she don’t want to be. | Influence topics |
| 5.21. | We as clients bring our topics to group therapy. And we as a clients vote about the topic if some proposal we accept or not. | Influence topic |
| 5.22. | I support all the topics, because I think people have right to solve their problems during the group therapy. | Influence topic |
| 5.23. | If I have some issue I just ask the group and I tell that it’s a big problem for me and I think we know about each other who is solving which issue and how hard it is for us. We know that my topic is a little bit harder than another topic I don’t know how, but we know it. | Influence topic |
| 6.22. | I can bring my topic when I have planned it before with my keyworker. Also two people can have the topic if we have enough time for it. We all have enough time to bring our topic. | Influence topic |
| 7.16. | Many of our groups are on free topics. And before we start we discuss with other clients who wants to solve what. And we just make a deal and speak about chosen topic. | Influence topic |
| 8.6. | Of course. But it’s impossible to bring ten topics before group therapy session and work on all of them. | Influence topic |
| 9.14. | If somebody take group on his own, on his topic. I don’t change it, because we have similar topics and problems and also helps me if I have possibility to listen how other people solve this problems. | Influence topic |
| 10.18. | We can provide our topics and we use democratic voting process. When we can make a deal as clients which topics is most important and if we are not able to deal, the therapist have to decide which topic is more or most important | Influence topic |

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| G.12.12. | Or a group who brings a certain topic. So in the kind of voluntary group the person is speaking and then the others can join it. | Influence topic |

*Label influence personal plan:*

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| 3.35. | It’s only on myself, my plans. | Influence personal plan |
| 4.29. | It’s hundred percent my responsibility, my treatment plan, but staff members sometimes apply a veto-right if they think that I’m too fast. | Influence personal plan |
| 4.31. | My keyworker gave me some proposals but that was my responsibility, I planned my treatment. | Influence personal plan |
| 4.32. | The first version of my treatment plan, I did for five times, because it was necessary. | Influence personal plan |
| 6.37. | I cooperate with my keyworker I work on things or problems that I want to work on. And sometimes, she provide me some counsels that I can add something into my plan and work on it. | Influence personal plan |
| 6.38. | We find some topics that I don’t want to solve, then we write it down on a paper and my keyworker read this topics before the group. And after that I, the group and also my keyworker demand it to talk about it and solve this issues. | Influence personal plan |
| 6.40. | I can change it every month and I’m still founding new topics that I have to work on. | Influence personal plan |
| 7.30. | My topics for first phase I can’t change, because I have an obligation about that topics. This topics for first phase I discussed with Blanca before I came to first phase. | Influence personal plan |
| 7.31. | I can add any topic any time during the program. But I have my few most important topics that I have to do self during the first phase. | Influence personal plan |
| 8.17. | My personal plan is about go through the program, through the treatment. And take everything that is good for me and that works for me. I came to community with this plan. Petra helps me in first three or six months in my treatment. She were like, something like guide for me. She paid attention on me. | Influence personal plan |
| 8.19. | I didn’t change, but I add during the treatment. | Influence personal plan |
| 9.34. | Yes, I make my own personal plan. | Influence personal plan |
| 9.35. | She helped me mainly with terms, she explained me that my individual plan for six months is not whole treatment so that way she make a pressure on me to do things quicker than other people | Influence personal plan |
| 9.36. | Yes, I can change my plan during my treatment. | Influence personal plan |
| 10.31. | We made our plan with my keyworker and that was about my own topics what I want to solve, problem, which things I want to see from other point of view and so on. | Influence personal plan |
| 10.32. | She recommend me some topic that she saw as an important and she also helps me to make the schedule of priorities which is necessary to to speak about earlier than the other things. | Influence personal plan |
| 10.33. | Anytime I can add something to my treatment plan and also I can change priorities. | Influence personal plan |

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| I.11.33. | Within the first two weeks that the client arrives, he has given his own therapist. And they start working on the individual plan. There are seven areas in that individual plan. It’s in the form of a questionnaire were they describe their present situation and were they hope to be. And what topics they would like to work on. | Influence personal plan |
| I.11.36. | He makes his own plan. | Influence personal plan |

*Label evaluation:*

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| 2.40. | We have plan for every month and at the end of the month we have evaluation about the plan. | Evaluation |
| 3.39. | We speak about our plans with our keyworker. The most important for me is that I know if I’m working good or not and my own evaluation is the most important for me. | Evaluation |
| 4.34. | We have evaluation of every months. We have each month we have special plan and after that we. | Evaluation |
| 4.35. | The evaluation run like that I introduced what I did during the evaluated time. I’m the most important evaluator. | Evaluation |
| 5.54. | We evaluate the treatment every month. | Evaluation |
| 6.43. | Every month we evaluate our months plan of treatment. | Evaluation |
| 8.22. | Right now in third phase, I don’t evaluate. I just make plans for the week. | Evaluation |
| 8.23. | I don’t know why it’s not under evaluation. But the third phase I’m right now in. Is more about leaving or excluding community. | Evaluation |
| 9.38. | Once a month. I evaluate my plan regularly and also on every individual session we are talking how is my plan going. | Evaluation |
| 10.36. | Evaluate my treatment plan every month, because we have plans for each month. | Evaluation |
| G.12.33. | Hanza: And the the start of the month every client write some plan to other month. And the end of month, they say it’s okay or not. The clients evaluate. What have we done and what have we not done. | Evaluation |
| I.11.35. | With their individual therapist they should look into the individual plan. And look through it if everything remained the same, what their progress is. | Evaluation |
| I.11.37. | The evaluation is done in different ways. First when they go into different phase, they are given a set of questions that they work on. Ask them the questions are related to their main topics that they have chosen. And they have to describe how they have approached and worked on the topics that they have chosen. And then the individual therapist also discusses the topics with them. And if the therapist think that they didn’t have done a good job he won’t recommend the client, going into another phase.  And there is also group input. Because other clients know how the client is progressing in group sessions. | Evaluation |

*Label feedback to counsellor:*

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| 3.40. | I have enough space. | Feedback to counsellor |
| 4.36. | She asked me during individual session. But the discussion, in the end about our relationship, so I gave her my reflection and she gave me her reflections. | Feedback to counsellor |
| 5.55. | Yeah, there is space to give feedback during the evaluation. Anytime, I can give feedback when she is here on shift | Feedback to counsellor |
| 6.44. | On every individual session I have space and I think the attitude is based on humanity, so I can tell all I need to or all I want to. | Feedback to counsellor |
| 7.33. | Of course. I told her that, that she is authority for me. And I like to have her as my keyworker, because that’s my wish. | Feedback to counsellor |
| 9.39. | Yes, every time, she demand it on me. On one evening community I get a sanction Jannah didn’t support me so, I take her in this room and I told her that I am angry of her, because she didn’t support me. She tried to explain me why she acts like she acts and in the end of this interview she asked me if I am still angry about her. | Feedback to counsellor |
| 10.37. | I have a space to give her feedback. | Feedback to counsellor |

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| I.11.38. | During they are evaluating their progress they can also evaluate their relationship also with the therapist and the team. But they are also motivated if there are problems between the client and the therapist to talk about it and try to approach it in different ways, before changing the therapist. | Feedback to counsellor |
| I.11.40. | She is saying that this feedback on the monthly evaluation, is not really functioning, because clients hardly ever write in it. Because they have to read it in front of the group. But also within their individual plan they fill out what is their relationship with the team or their therapist. | Feedback to counsellor |

*Label taking responsibility:*

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| 1.17. | I wasn’t responsibility in the past and the group helps me to be more responsibility. Therapist can show me the way, but it is my responsibility to work on my relationships. | Taking responsibility |
| 2.19. | The biggest topic for me were responsibility I have very low level of responsibility during the functions here in community. | Taking responsibility |
| 2.20. | And the typical penalty here is 20 minutes I have to do something in my free time and we have very little part of the day as our free time. And every minute I have to do penalty very important. I think that this penalties help me to be more responsibility in my function in community. All those things are discussed in group therapy. | Taking responsibility |
| 2.39. | I am responsibility for my treatment plan and the topics are just about me, what I need. | Taking responsibility |
| 3.27. | From the start of my treatment she told me about being responsibility. And about responsibilities we talked quit a lot. | Taking responsibility |
| 4.23. | I have also some things like homework between individual sessions. Every time on the start of the individual session we have reflections about my homework. She demand to work quit hard on myself. | Taking responsibility |
| 5.35. | Yes, off course. The second stage of the treatment is about responsibilities. | Taking responsibility |
| 5.36. | She is a supervisor of my duties. It’s also about control if I do all I have to do. | Taking responsibility |
| 5.51. | I think it’s about stage of the treatment. That first two stage are not as free as the second and third stage. Now I can do bigger steps and also I have more responsibilities about this steps. | Taking responsibility |
| 6.30. | He or she demands on me to be responsibility for my decisions and she also demands to try to solve problems by myself. | Taking responsibility |
| 9.26. | Yes. The home works were always a priority when I know that Jannah is going to come here I try to have my home works done. | Taking responsibility |
| 10.24. | I know that I take responsibilities for other people too much. | Taking responsibility |

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| I.11.2. | They have some requirement that they have to fulfil. In the second phase they have the group that close in to the root of addiction. And they basically have to work on it in individual counselling, so if they don’t fulfil those individual counselling, they won’t fulfil the requirement. | Taking responsibility |
| I.11.4. | The planning is mostly up to them. While in the second phase it is more their own responsibility to ask for it and to go to. | Taking responsibility |
| I.11.5. | She thinks that it’s really important for them to have it, because once they try to avoid or would withdraw they tempt to stagnate. | Taking responsibility |

*Label goals:*

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| 2.41. | I put my own goals in my plan and what is important for my treatment and for my future. | Goals |
| 2.42. | I have short term goals that I can solve here or that can I get here and long term goals and long term goals are about my future life outside the community. | Goals |
| 3.36. | Goals are my own. And the whole program, helps me to get this goals. | Goals |
| 3.37. | I have short terms goal, middle term goals and long term goals. Thanks to short term goals, I’m able to think about long term goals and to have long term goals. My short term goal is finish the treatment here, middle term goal is to be sober. And long term goal is ordinary life like everybody else. Without drugs. | Goals |
| 3.38. | Our goals or my goals are given on the start of the treatment. And now it’s on me to follow my goals. | Goals |
| 4.33. | Short term goals. I have about my healthy, to get to know why I started to use drugs and why I take drugs for ten years. And the long term is have strong defend tools against drugs in my future life. The second one is solving situations in the future life that are with drugs. | Goals |
| 5.52. | Yeah, I put my own goals in it. | Goals |
| 5.53. | Short term is about accommodation after the community to get a driving license, some more education. The most important short term goal is my son. And long term is to move abroad. | Goals |
| 6.41. | I have short term, midterm and long term goals. Long term is I have family, a partner and family. middle term is play the guitar with some music group. And short term is to have a proper job. | Goals |
| 7.32. | I have many long term goals, but that goals are outside the community. Right now I’m focussed on my short term goals. Many of them are about communication, about learning how to say no to people. How to have my personal limits in relationships. | Goals |
| 8.20. | Now in last stage I have to plan my week. The more specific, the better. | Goals |
| 8.21. | I have topics like family, friends, finances, my attitude to drugs and generally speaking. | Goals |
| 9.37. | From the beginning I have problem to get anger, to show other people my emotions and also to focus on myself I take care about other people, over my brother, about my girlfriend and my next goal were to focus on myself. And next very specific goal is about my debts. I started to solve my debts problem here in the treatment. | Goals |
| 10.34. | I have short term goals. It’s about what I want to learn here in the community personal qualities some of them I need to change or I want to change | Goals |
| 10.35. | And long term goals it’s about my futural family life, ordinary life. | Goals |

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| I.11.34. | It also includes their topics and time limits for each of those topics. And what they are trying to achieve, like their achievements. | Goals |
| I.11.42. | It’s advantage or the positive outcome is that they are actually planning, because their lives on drugs lacks order. And by planning they gain order back. And they are able to plan for the future. | Goals |

Mainlabel post- modern approach

*Label solution:*

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| 7.11. | We analyse problem first and then we are looking for solutions. | Solution |
| 8.4. | The basement is that we are going deeply in the past. And from, in the past we try to find solutions for the future. But we go really, really deep in our past. | Solution |
| 9.8. | I can say that we are looking mainly on solutions, because I think everybody of us we have some problem and very often we know very well which problem we have and if I have to give somebody some reflection I am trying to find solution or looking forward. | Solution |
| 10.12. | Focused on problems and possibilities. | Solution |

*Label qualities and skills of client:*

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| 1.14. | Everybody knows about it therapist and also clients, because when I came here, I filled some special form. And the part of the special form is also my strongs and my weaknesses. So everybody knows. | Qualities and skills of client |
| 1.15. | It helps me to think about me and what my strongs and weakness. And this is for me important part of treatment. | Qualities and skills of client |
| 2.17. | My qualities and skills are under attention. I can say specifically I have a skill that bad ways I can turn in a good way. | Qualities and skills of client |
| 2.27. | In every stage or every level of treatment we have duties we have required groups. One of the groups is river of my life another is family map about relationship in the family. In stage number two we have roots of my addiction. After this groups we have individual interviews and we are speaking about this groups. And it helps me to find my weaknesses and my strongths. | Qualities and skills of client |
| 3.14. | The therapist accepts my qualities and skills during the group therapy. All of us use our experiences during the group therapy, so this is one of the basic tools. Very often we do it like somebody explore some problem and we provide reflections how were our experience, how we felt and what we have to do for solving this kind of problem. | Qualities and skills of clients |
| 4.10. | I use all my personality and I think the therapy is about whole the people. Not just my experience, but whole my personality. | Qualities and skills of client |
| 5.14. | My positive skills I can provide to other clients in the group. They are paying attention to those skills and they can use it to other clients. | Qualities and skills of client |
| 5.15. | It helps me to make a stronger self-esteem. | Qualities and skills of client |
| 6.3. | I think my endurance that I am still here. | Qualities and skills of client |
| 6.12. | I can get a lot of critics for me and I can answer for this critical word with cold head so without emotions and I think people know that I am like that they are critical to me. | Qualities and skills of client |
| 7.12. | I am empathic, I also think that I can listen to the people and sometimes I can provide some solutions. | Qualities and skills of client |
| 8.4. | My self-esteem, my assertivity and self-insurance or self-confidence and maybe openness. | Qualities and skills of client |
| 9.9. | People said that I can speak very well, I can give good and aimed reflection. | Qualities and skills of client |
| 9.10. | It’s good for my self-esteem when somebody told me I am good at something. Maybe I know it about me, but I used drugs fourteen years and during this time I think I lost many of this skills. | Qualities and skills of client |
| 10.13. | I use my own experience and empathy I am 36 years old and I started to use drugs quite late, around the age of 30. I have many experience before I started to use drugs and I think I can provide my experience from this life for the other people. | Qualities and skills of client |
| 10.14. | I think quite a lot, because I have something to return to, because many people here they started using drugs in the age of thirteen or fifteen, never have a normal life and I know that it’s a big value my life in past so it’s a source of motivation for me. | Qualities and skills of client |

*Label social skills:*

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| 6.5. | Most important is about my personal limits and to show other people my limits are. | Social skills |
| 7.6. | I have some problems with people here. And I take special group for this topic. I start to speak more and it develop my communication skills. | Social skills |
| 10.6. | We have special group called interaction where we learn how to communicate. We also learn there show our emotions. We learn when here is some conflicts what we feel, this feelings makes with us and also what the other people shows us by their communication. | Social skills |
| 10.7. | We can learn how to see people from other point of view. | Social skills |
| 10.17 | Relationship is one of the most important thing that we can learn here and to be able to ask about help and this is one of the most important that we can learn here. | Social skills |

*Label creativity:*

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| 2.30. | The creative activities we are doing in groups. | Creativity |
| 2.31. | No, I don’t have to do creative activities | Creativity |
| 3.25. | We’ve got a creative activities groups me and my keyworker, we don’t do it. But I know that other clients have some activities like that during the individual sessions. | Creativity |
| 4.20. | When I came here my keyworker offered me something like drawing or painting, but I don’t like it and she know it. Sometimes we are doing this activities during groups. | Creativity |
| 5.30. | No creative activities in individual sessions. No, would not want that. | Creativity |
| 6.26. | I think yes, because I like do this things. Once we we have group with this technique so I like it. | Creativity |
| 7.20. | We have groups about creative activities but we don’t do it in individual sessions. | Creativity |
| 8.9. | Not every time, but time to time she, she use it. Sometimes drew a picture of my relationship through the small stones. We make a map of my, of my relationships made of small stones. The small stones was about see my situation on my eyes. | Creativity |
| 9.19. | When we prepared the group, map of my family, we prepared the map by the settles of small stones. I made some schema about my family and after that we talk about it what does that mean. | Creativity |
| 9.20. | I don’t know why, but when I did the schema with small stones I choosed the stones very impulsively, me and my brothers are twins and I choose impulsively almost the same stones. For my mother and my father I choosed totally different stones and they devorced that time and that provides me another view on my family. | Creativity |
| 10.21. | I don’t see a sense in creative activities I like more to just speak with her. | Creativity |

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| I.11.12. | So Elaina does sometimes like works with rocks. Usually it happens during group sessions. Only rarely during individual counselling. She uses the method with rocks, when she’s working on the topics that have something to do with family or relationships. So that they can personalize a rock and how far is another rock from them. She uses the method with rocks, when she’s working on the topics that have something to do with family or relationships. So that they can personalize a rock and how far is another rock from them | Creativity |
| I.11.15. | And the other technique she uses when there are certain patterns of behaviour that keep repeating in the past so they try with circles and try to get their patterns of their behaviour clear. It’s similar to like art therapy. They have to find something within one pattern and try to change into another pattern | Creativity |
| I.11.17. | So she’s saying that they‘re leaving the rational mind behind. And they are more employing the right atmosphere of their brain like creativity and working with emotions more than rationality. | Creativity |

*Label motivation in counselling:*

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| 2.34. | I think the most important is that I have some home works. I feel something like little kicks to guarant don’t let me sleep. I still have to do something to work. To work on and stay busy. | Motivation in counselling |
| 2.35. | My keyworker give me ideas of treatment and also ideas for the future life without drugs and also give me counsels where can I find motivation or sense for the future life without drugs. | Motivation in counselling |
| 3.29. | I have my own motivation the things that happened before I came here, it’s enough of motivation for me. | Motivation in counselling |
| 4.24. | I have motivation inside myself. And after every individual session, I have some topic that I can think about it. | Motivation in counselling |
| 5.47. | Yeah, it stimulates me to break through these patterns and it makes me stable. | Motivation in counselling |
| 6.31. | We are talking about that work I’m doing here is valuable. More freedom that helps me to continue with treatment. | Motivation in counselling |
| 9.27. | Jannah helps me to hold my motivation, because I bring some motivation from the previous community and my goal is to have a happy life with my familiy and Jannah helps me to realise that it’s good to think about myself and not about other people. That it’s good to think about happiness not about happiness with my girlfriend. | Motivation in counselling |
| 9.28. | And also helps me that when Jannah told me I am good in many things and maybe that will be a pity to don’t have a university, don’t finish university. Since that time I am thinking about finish some university studies. | Motivation in counselling |
| 10.25. | It’s not necessary to motivate me, because I am highly motivated by myself. Since the psychiatric hospital I know that I want to go to community, because I didn’t feel okay to go to ordinary world. | Motivation in counselling |
| 10.26. | Sometimes it goes a little bit lower than with Tjarka we try to find a focus of the problem and she just helps me find again flame of my motivation. | Motivation in counselling |
| I.11.26. | Elaina is saying that she also doesn’t really target to use them, but she does work a lot with motivation itself. And she employs it also when they want to leave or they have to work with some changes in their life. | Motivation in counselling |
| I.11.27. | Anetta is using the cycle of change and also the balancing of advantages and disadvantages. And also the form of decision making. It also helps them decide. | Motivation in counselling |
| I.11.28. | Elaina focusses on questions of their origins. Like what they have achieved and what they are trying to achieve. | Motivation in counselling |

*Label motivation in group counselling:*

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| 3.8. | It’s about my self-esteem. It can grow during the group sessions. | Motivation in group counselling |
| 5.6. | I learned it by myself, because I want to work on my treatment. And maybe it’s about I have to be there and I have to work on in the group sessions. | Motivation in group counselling |
| 5.38. | No, I don’t have to be motivated by people. I am motivated by my past and my future. | Motivation in group counselling |
| 6.14. | That’s a training for a future life I have some debts and I have to solve these debts, but people don’t care about it that I have another issues another problems and they just don’t let me go lazy here during the treatment. And I think that makes me stronger. | Motivation in group counselling |
| 7.8. | I have my own motivation. My goal is my motivation. | Motivation in group counselling |
| 9.5. | Motivation is my personal thing, because group can help me but if I don’t have my own motivation they are not able to do anything. | Motivation in group counselling |

Mainlabel Cognitive Behavioural Approach:

*Label awareness:*

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| 1.8. | And also group therapy helps me to know why I’m here. Why I’m here and the process is about I know it better. And in the end of the process. It’s about awareness. | Awareness |
| 3.17. | In the end of this group the reflection from the therapist were maybe it’s time to let them go and try to look forward. And that really helps me now I can use in other topics when I’m sensitive now I’m more okay with, with my pains. | Awareness |
| 4.12. | Individual session helps me to have more understanding for the people. Reflection of my therapist during my session, provide me the possibility to opened my eyes. | Awareness |
| 4.22. | On every session she is able to made me in a thousand parts and then rebuild me again. The process every time shows me something more about me. | Awareness |
| 4.30. | Also during this stage zero, we have individual sessions. And the therapist help me to understand my topics, my problems. | Awareness |
| 5.18. | I know I can ventile my aggression during the physical exercises or during the music I have another ways how to ventile my aggression. And I know that anger didn’t brings me any good thing in the past. | Awareness |
| 5.46. | We talked about my past in very detailed way and also the questions she makes me think about things. | Awareness |
| 7.13. | I realized that it’s problem because people reactions show me that this is a problem. | Awareness |
| 7.21. | She listen to me we analyse my problem and we are trying to find some solutions. | Awareness |
| 7.28. | I chose some topics for different phases or different levels. Speaking about my topics will show me another topics and another problems that I have to solve in the future during the treatment. | Awareness |
| 9.11. | I am having a strong caution for people and I don’t trust people very soon I need some time. People saw it on me that it’s a quite problem to start trust them and they helped me I don’t know precisely which way, but maybe through the communication that they gave me time and I saw on them I can trust them. | Awareness |
| 9.25. | I think I have opposite problem, my twin brother is the younger of us and maybe that way my problem is that I take responsibilities from other people on myself and Jannah helps me or told me that sometimes it’s good to think about myself and let other people to do there own duties. Maybe without Jannah I wouldn’t realise it anytime, because she showed me that I have this problem and I should work on it. | Awareness |
| 10.8. | Sometimes if other client takes a group on some problem I realise that we have the same problem, but I didn’t know it and that starts me to work on this issue. | Awareness |
| 10.16. | Many people told me that I am not natural when I am doing things like I react on the attacks | Awareness |
| 10.30. | She showed me that I can do a mistake and it’s not the end of the world. Also I can do a fatal mistake and it’s not necessary to be the end of the world and she provide me feeling of my own value. | Awareness |
| G.12.14. | It is helpful to see the relationships to know how he or she felt in the past. Emotionally and to see the situation from the distance. | Awareness |

*Label social network:*

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| 1.6. | I am here mainly to learn how to cope with social environment. And for me is environment of group therapy good environment for learning. | Social network |
| 2.8. | Right now I am trying to rebuild relationship with my husband and with my daughter and people very often here solve the same problems. | Social network |
| 2.21. | Rebuilding your social network or a new social network every day we can discuss the group with our plans what we are going to do in the future | Social network |
| 2.21. | Rebuilding your social network or a new social network every day we can discuss the group with our plans what we are going to do in the future | Social network |
| 3.7. | They take me as I am. I know they like me and they substitute the values of family and the functions of family that my own family didn’t give me. | Social network |
| 3.16. | I was very sensitive in question of my family, because I haven’t seen them for a very long time. They didn’t care about me. And in one specific group I have chance to speak to them, because other people make a role of my father and of my mother and I can speak to them and feel all the pain. | Social network |
| 3.33. | I have huge problems with myself. I got suicidal attendances in the past. I can work on this bad feelings with her. Also I have problems with loneliness. I wasn’t able to work with my loneliness these days. I appreciate if I can be alone for a while now. Also the situation around my family was very hard for me. Now thanks to my keyworker I’m able to live my life without this family. | Social network |
| 6.17. | We get a lot of space to work on it. Also right now I am in the second phase so, I can have a day offs from community. And each month I can have my family here so, contact with my family is very important and whole group supports me with this contact and to have ordinary social contacts. | Social network |
| 7.15. | Until now the group sessions didn’t help me we that. | Social network |
| 9.13. | Maybe I know it somewhere in myself that it is necessary to have an ordinary relationships to other people. But maybe helps me that another fifteen people that is necessary. | Social network |
| G.12.13. | When the person is talking about his family. When he or she was child. So, he or she is talking about half an hour and then there is a time for questions. It’s a technique of structure, like you can make some scripture of some members of your familiy. You take one of the group some people which is for example mother and father. They are building the members of family from the members of the group. | Social network |
| G.12.26. | Usually you always get to the relationship between and the family of the person. This is the root of the problem. We are building the families, the close family of the client. Other persons of the group are playing the roles, mother or father and brothers and sisters. The person are trying to behave like mother. Before we were talking how is the mother, how is the father. So the other person are listening. and they can play the role. | Social network |
| G.13.6. | We are trying to support the family of the clients. I think this is the most important goal we are trying to aim. And we are trying to support new friends which are clear. | Social network |
| I.11.24. | She also pays a lot of attention to family and how the family, and the relationships within the family, or what the client has learned is his family, effects his present. | Social network |

*Label behavioural pattern:*

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| 3.34. | She helped me very much with my cravings, because she also gave me some tips, how to stop my cravings. For me was very useful just to speak about my cravings to her. | Behavioural pattern |
| 4.27. | My individual sessions are mostly about reflection that my keyworker shows me what she think is not good behavioural pattern. And she provide me another possibilities. | Behavioural pattern |
| 4.28. | I learned how to speak about my disagreeness. In the past when I disagree with somebody that was end of our communication. And now during the individual sessions I learn how to talk to people when I don’t agree with them. | Behavioural pattern |
| 5.48. | I have to substitute my patterns with something else. So, I am trying to be different than in the past, do things in different way. | Behavioural patterns |
| 6.15. | In the past my old patterns were run away from conflicts, run away from problems, substitute some good things with drugs or when situation was very hard for me again using drugs and here I have to solve problems I have to face my fears. | Behavioural pattern |
| 7.14. | The group helps to change my behavioural pattern. | Behavioural pattern |
| 8.5. | There was more about in, in individual counselling then about group therapy. Group therapy sessions aren’t focus on my behavioural patterns. Much deeper I work on it in the individual sessions. | Behavioural pattern |
| I.11.22. | Anetta is focussing a lot on the past and what effect the past has on the present. And looking for a certain pattern of behaviour. | Behavioural pattern |

*Label behavioural change:*

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| 3.15. | I’ve got many problems with behaviour and counsels and reflections show me a new way, how can I change myself. And starts and supports the process. | Behavioural change |
| 5.16. | Thanks to group therapy I change my behaviour. I feel a big change in the way of behaviour. | Behavioural change |
| 5.17. | I have to think about anger and about aggression and the group gave me possibilities how to ventile my aggression or my anger in another way than during the violence or the screaming. | Behavioural change |
| 5.45. | Communication about my problems and finding solutions. | Behavioural change |
| 5.49. | She can tell me you are now different than in the past. So, reflections like that. | Behavioural change |
| 6.16. | We have to still communicate, we have solve problems right now, it’s impossible to run away from findings some solutions we have to do it. | Behavioural change |
| 6.18. | I have problems with fears, with anger and with some aggression. And during the groups it’s not allowed to be aggressive also it’s not allowed to be aggressive on a verbal way. | Behavioural change |
| 6.19. | So, I have to find new ways, how to venitile my aggression without be hostiled to other people. Thanks to the rules I have no other choice to to be aggressive but I have to find another way how to be okay and how to give message about my emotions. | Behavioural change |
| 6.35. | In the past I solve my angers by, by narcotics. And here I have to find another ways of solving my angers. | Behavioural change |
| 6.36. | I appreciate some proposals for change. | Behavioural change. |
| 7.27. | I have to want to change it. And also the group helps me. | Behavioural change |
| 8.15. | I don’t know. I don’t have time to control or see this, this process how does this things happen. | Behavioural change |
| 8.24. | On everything during the day she prepared for me some tests. How how am I able to to cope this situations. | Behavioural change |
| 9.12. | Thanks to reflections of other clients and also of therapists I realise that for the future life is necessary to talk to people, to speak with them, to be more open. | Behavioural change |
| 9.33. | From the beginning she let it on me how fast I want to go. Also she explained me that if I wouldn’t be open, the other people can’t help me and I came by small steps but I started to trust during the process. | Behavioural change |
| 10.15. | In the past when somebody attacked me I haven’t provide any reaction and here in the community I learned that if my heart hurts I have to switch of my brain and provide the attacker any reaction. I learned how to eliminate it, how to be stronger person in situation of attack on myself. | Behavioural change |
| 10.29. | When I used drugs I have very low self esteem. I have run before problems, now I am able to analyse problems and trying to find some solutions. Also I don’t punish myself when I am not successful. Maybe I am sometimes a little bit angry on myself, but it’s healthy angry on myself. | Behavioural change |
| G.12.21. | Hanza: Only in individual therapy. When I speak with the client sometimes I give him some homework. He want to behave and try to when he gets out for something for shopping and he can try this with other people. To try or change this behave. | Behavioural change |
| G.13.4. | I think this goes through the individual therapy. It’s similar in group therapy. Quite similar. | Behavioural change |

# **Attachment 13: begrippenlijst**

*Affectivity:* recruited and congenital ties that bind a person does to his surroundings.

*Clean*: no (longer) depending on the addictive substance.

*Co-morbidity*: the simultaneous presence of two chronic diseases or conditions in a patient.

*Coping mechanisms*: are ways to which external or internal stress is managed, adapted to or acted upon.

*Discrepantie:* a lack of compatibility or similarity between two or more facts from a client. For example, he wants to change, but on the other hand he does not want to change.

*Conditioned stimulus:* a situation or event which has a neutral origin and initially evokes no response. When this stimulus is issued at the same time with the unconditioned stimulus, it is possible that the conditioned stimulus also evokes the response evoked by the unconditioned stimulus. When you hear a particular song while seeing beer it may eventually happen that just by hearing the song crave for beer.

*Interpersonanl dynamics:* the dynamics in the relationship between people.

*Masculine culture*: male culture where the male characteristics are emphasized in daily life.

*On-conditional positive regard:* Unconditionally accept and support the other regardless of what the other person says or does.

*Unconditioned stimulus:* a situation or event that evokes naturally a 'response' or a response. For example you smell food and the response is that you get hungry.

*Denial- and defense mechanisms:* subconsciously handle not nice or events to supplant or deny that it is happening.

*Reflections:* Reflection is think back and see, think about yourself, your behavior or activity of oneself or another.

*Self-disclosure:* providing information about yourself (feelings, experiences, desires and expectations) that lets you draw your own vulnerability.

*Zero tolerance*: compliance with requirements regarding the withholding of drug use. Violation of these rules will not be tolerated.

1. Hereinafter: only he [↑](#footnote-ref-1)
2. All italicized words are included in the glossary. See Appendix. [↑](#footnote-ref-2)
3. Hereinafter: "the coordinator”. [↑](#footnote-ref-3)