

Experiences of online counselling



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MONASH
University

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Free drug & alcohol counselling 24/7

Counselling ONLINE

gambling help  Online

Counselling, information and support, 24 hours a day, 7 days a week



1800RESPECT

NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE COUNSELLING SERVICE



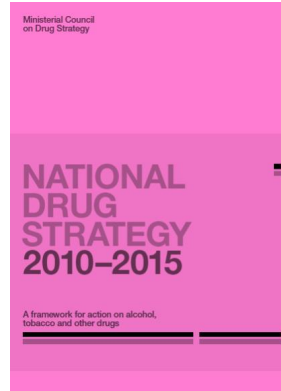
QUESTIONS OF INTEREST

- 1** ■ What does online alcohol and other drug (AOD) do?
- 2** ■ What can we learn from experiences of providing and receiving care online?

POLICY ANALYSIS

Methods

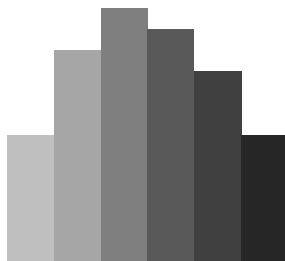
1.



2.

ANALYSIS OF COUNSELLING ONLINE

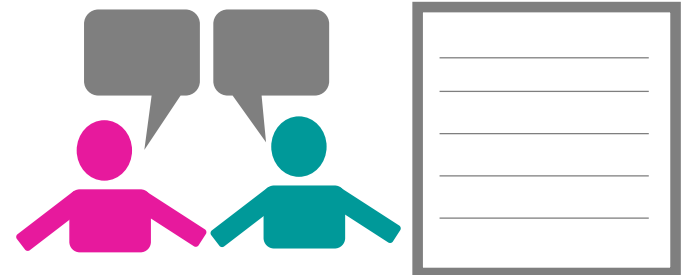
ANALYSIS OF
2015-2016
SERVICE USE
DATA (n=2,686)



QUAL ANALYSIS
OF WEBSITE
CONTENT



QUAL ANALYSIS OF
ONLINE COUNSELLING
TRANSCRIPTS (n=243)



Counselling Online

Free drug & alcohol counselling 24/7

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Every moment counts

We support people affected by alcohol & other drugs. The smallest step can make a difference so let us help you today.



- Free
- Talk with real people
- Private & confidential
- Safe & secure
- Available 24/7

How we can help

[Speak with a Counsellor](#)



Counselling session

SESSION WINDOW:

Status: Active

[Counsellor] Hello you are talking to an online drug and alcohol counsellor, how may I be of assistance? (We value your feedback. At the end of this session, you will be provided a link to a short feedback survey about your counselling session today. Please take a couple of minutes to fill in the survey. Thank you.)

[client] Hello, I just wanted to discuss my alcohol use and whether it's a problem?

[Counsellor] Hi. I will be pleased to discuss that with you. Please tell me more about your concerns.

ENTER YOUR MESSAGE:

[client] Yeah basically I went to this conference dinner thing & got wasted & made a complete fool of myself in front of all my colleagues 😞

**But what does
online AOD
counselling
do?**

Online counselling in policy

1 ■ **Online counselling as an early and brief intervention to target AOD use**

2 ■ **Online counselling as a tool to facilitate referral to face-to-face AOD treatment**

Online counselling in practice

- 3. Online counselling as attempting to attend to AOD use and interconnected psychosocial concerns**
- 4. Online counselling as a potential form of treatment**
- 5. Online counselling as supplementing face-to-face treatment**

Policy into practice?

Science

Drug and Alcohol Review (May 2010), 11, 29–32

informa
healthcare

Major physical and psychological harms of methamphetamine use

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Abstract
Review. The major physical and psychological health effects of methamphetamine use, and the factors associated with such harms. Approach. Comprehensive review. Key Findings. Physical harms associated include toxicity and mortality, cardiovascular/respiratory pathology, nephropathy and thyroid disease. Psychological harms include methamphetamine psychosis, depression, anxiety, memory and motor impairment. Implications. Drug high profile health problems, and its potential for future problems as a public health, require greater attention and funding. This is a drug that the average person knows, has some dependence liability and high rates of mortality/morbidity. Conclusion. The current public message of methamphetamine does not properly acknowledge the severity and its many uses including, harm caused. [Dargi S, Kaye S, M-Skittin R, Dupre J]. Major physical and psychological harms of methamphetamine use. *Drug Alcohol Rev* 2010; 11: 29–32.]

Key words: cardiovascular, methamphetamine, psychoneurology, psychopathology.

Introduction
In recent years, there has been increasing concern about the increasing prevalence of methamphetamine use. The extent of the problem suggests the need for a comprehensive review of the major harms that are associated with such use. This current review aimed to examine the nature of the harms associated with the methamphetamine use. In particular, the current review aimed to examine:

- (1) the major physical health effects of methamphetamine use;
- (2) the major psychological effects of methamphetamine use; and
- (3) the risk factors associated with such harms.

The use of psychotropic drugs is plagued by neurobiological adaptations. The review will refer to methamphetamine to include both methamphetamine and its less potent enantiomer amphetamine, which are sold under the street names of 'speed', 'bazz', 'ice', 'crystal meth' and 'amphetamine'. Where appropriate, a distinction between methamphetamine and amphetamine will be made.

Physical harms associated with psychotropic use
Psychogens, methamphetamine use and harm
As is the case with all illicit drugs, methamphetamine users consume a variety of drugs other than their primary drug of choice. Heavy alcohol use is common, the majority being alcohol, a scheduled preparation have a history of heroin use, and the use of other psychotropics is common [1,2].

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Policy

Ministerial Council
on Drug Strategy

NATIONAL DRUG STRATEGY 2010–2015

A framework for action on alcohol,
tobacco and other drugs

Practice



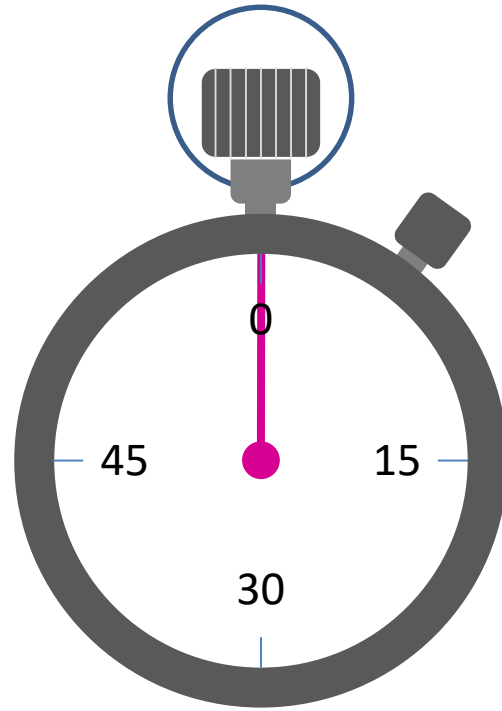
The image features a vibrant pink background with a black leopard print pattern. In the center, there is a white, jagged-edged oval shape, similar to a comic book speech bubble or a starburst. Inside this white oval, the letters 'MS' are stacked above 'IF' in a bold, black, stylized font. The 'M' and 'I' have thick, blocky stems, while the 'S' and 'F' are more fluid and cursive in style. The overall aesthetic is reminiscent of mid-20th-century graphic design or pop art.

**MS
IF**

**What can we
learn from
online care?**

**1. Formulating
'the problem' as
'addiction' has
its ups but
mostly downs**

I am drinking up to 3 bottles of wine per day and want to stop. I start the day with good intentions and by early to mid afternoon I weaken and have a glass. Once I start I find it hard to stop. I rarely get drunk and have no domestic issues. My family do not realise the extent of my drinking.



90

Joe 08:48:46

I am drinking up to 3 bottles of wine per day and want to stop. I start the day with good intentions and by early to mid afternoon I weaken and have a glass. Once I start I find it hard to stop. I rarely get drunk and have no domestic issues. My family do not realise the extent of my drinking.

Counsellor 08:50:18

Hello, it sounds as though you are suffering from withdrawals. If you drink heavily as you do, when the alcohol withdraws from the body it is very uncomfortable and the brain demands more alcohol to stop the withdrawals.

Counsellor 08:51:49

My advice is to see a doctor to get some medication or go into a detox program. If you stop suddenly you may have a seizure.

Joe 08:58:50

Okay thanks for your help. I'll call ...(name of AOD service omitted) and have a look at the web site.

Counsellor 08:50:18

My pleasure. You deserve a great life, there is help available. Do not try to do it alone – it is too hard.

Notable features & effects of this problem formulation approach

Features

- Speed
- Mobilisation of dominant ideas of addiction as matters of 'fact'
- Pressure to meet targets

Effects

- Obscures other concerns beyond the 'serviceable problem', which are left unaddressed
- Pathologises people
- Facilitates access to further treatment resources
- Service throughput & meeting targets

**2. Exploration,
holism &
openness seem
quite useful**

Dot

I'm drinking too much alcohol in social situations. I'm worried about the habit that is developing

Counsellor

How long have you been drinking this much and what are your main worries about it?

Dot

Work used to give me an alternative distraction - an acceptable distraction as to why I couldn't sit outside and have a drink. "No, I have work to do" type of response. Now I don't have a legitimate "distractor". I get told ... don't worry! You're retired. Enjoy yourself! And I do, but feel guilty in the morning!!! My main worries are that I'm "an alcoholic", health reasons, that it will get worse

Counsellor

So there are nice things for you about it (drinking) - enjoying time with your husband, relaxing, a time of life where you have 'earned' the break etc. However the worries are plaguing you.

Dot

I would prefer to reduce it. I feel like I want to go to rehab, get myself away from the routines, the habit. I gave up smoking about 10 years ago and never went back. Similarly with drinking, I stopped while I was in a very public position - school principal - but when I retired I started up again because I enjoyed the relaxation. Going back to it weakened my resolve!!!

Counsellor

That's great that you know you have the capacity to stop/deal with addictions. It is natural during times of transition to rely more heavily on 'vices'. Have you tried to reduce your drinking the past 2 years? If so, what have you tried and what has/hasn't worked?"

Dot

Yes. I know that I don't drink after I have eaten so I try to have dinner earlier. I thought I'd also start 'self defence' classes but that's a bit of a drive to the next town. So that would be a distraction, two nights each week.

Counsellor

They are some great ideas. What would your ideal level of drinking be?

Dot

Half a bottle everyday - even though I still know that is too much. Yes - even though I'm supposed to have two nights free.

Counsellor

Ok. That's good you have clarity on what your goal is and while more than recommended, half a bottle a day still cuts those worries on half for you!

Notable features & effects of this problem formulation approach

Features

- Generally takes the most time
- Open ended questioning and space for client to more actively shape the encounter (as per Motivational Interviewing)
- Invitations to engage with experiences beyond 'addiction'

Effects

- Potential to address concerns, which might otherwise remain unaddressed
- Potentially more sensitive ways of engaging with people beyond pathology
- Impacts on service throughput and targets

Concluding thoughts

- Rather than objective things waiting to be detected, 'AOD problems' emerge through the complex bundle of factors at work in clinical encounters.
- Role of the online medium & 'the need for speed'
- Addiction ideas can be mobilised swiftly
- Given a different set of circumstances 'problems' might be defined or emerge differently
- How problems are formulated matters because it affects people and how their concerns are addressed or ignored

**How might we open up
possibilities for
different ways
of engaging with
people's needs
in their
complexity?**

A critical reflexivity

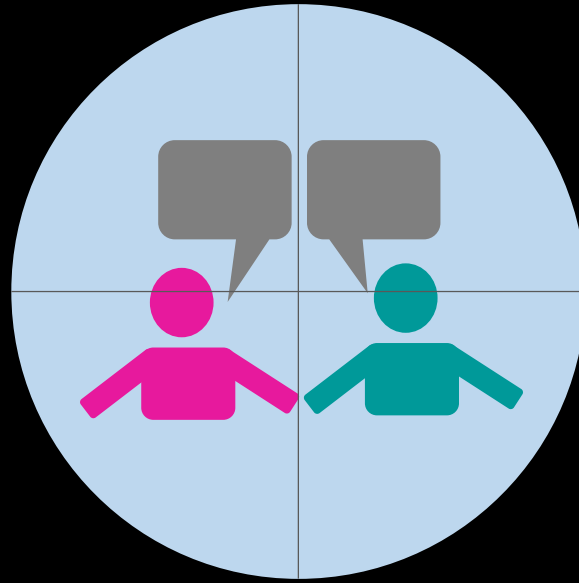
“ “ What realities do my methods (of problem formulation) create and with what effects for which creatures (clients) and places? ”

(Bacchi, 2008, pg 7)

Questions to reflect on

1. What experiences were classified as 'problems' & why?
2. How did they emerge as particular 'problems'? What meanings or knowledges did the articulated 'problems' rely upon?
3. Which human and non-human factors (e.g., screening and diagnostic tools, treatment manuals, objects, spaces etc.) were involved in producing the 'problem' as a particular sort of problem?
4. How might the 'problems' that emerged as particular sorts of 'problems' (e.g. addiction) be considered otherwise?
5. What effects, actions or responses did these 'problems' give rise to?

It's not just about this



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THA

NKS

FOR

LISTENING

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