

Listening to what works in rehab

Over the last few weeks, DDN has carried articles emphasising the importance of listening to service users in treatment. This issue, Dr Roger Green shares results of a study involving residents at Vale House, which aims to highlight indicators of successful treatment.

Substance misuse services are increasingly being required by purchasers of services to demonstrate the effectiveness of the treatments they provide. However as *Models of Care* has noted, 'The literature on the effectiveness of residential rehabilitation programmes remains sparse, albeit growing'.

This small-scale, primarily qualitative study should be seen as part of this ongoing process, by examining the population of Vale House Residential Rehabilitation Unit over a five-year period from 1996 to 2000. It follows on from an initial pilot study, which mapped out the development of Vale House within the context of government policies and resources for the residential treatment of substance misusers.

This study was not an attempt to 'prove' that the rehab unit intervention had a direct impact on resident's addictive behaviour and subsequent post-rehab outcome. Its aim was to understand ex-residents and staff experiences of the unit, and highlight key performance indicators of success and 'good practice' that emerged.

Vale House Stabilisation Services opened its doors to clients in 1996. Based in Hertford, it treats people with problems of alcohol, illicit drug misuse, prescription drug misuse, eating disorders, anxieties, depression, and other related problems.

It provides a range of services including a residential rehabilitation unit, drug treatment and testing order service (DTTO), and a structured day centre. In addition satellite services offering one to one counselling and group therapy operate at Hatfield, Welwyn Garden City, Cheshunt, and Bishop's Stortford around the county of Hertfordshire.

The residential rehabilitation unit at Vale House is a Tier 4 specialist service, one of more than 100 units and projects in England.

The unit accommodates up to seven residents for a period of six months, has seven single bedrooms, a large kitchen area, dining room, lounge, and a library. Residents also have access to a garden at the rear of the house.

The treatment programme offered to clients is eclectic, and intensive based. It provides structured group work, one to one counselling, opportunities

for voluntary work, and adult education courses, complementary therapies, and healthy living. This is supported by after-care programme and day care services.

A multi-method research strategy was used to study the work of the residential rehab unit. These included in depth interviews with ex-residents, key staff working at the unit, and ex-staff, the analysis of case records, and field notes made at meetings.

Ex-residents, staff and ex-staff identified a number of important areas that they felt contributed to a successful outcome.

For ex-residents these included: the composition of the resident group in terms of gender, age, and main drug of choice; residents' positive relationships with their key worker/counsellor; the importance of undertaking voluntary work and attending a college course whilst being in the unit; staff who had been residents in the rehab unit viewed as positive role models; and the on-going accessible after-care offered at Vale House.

Staff and ex-staff highlighted the following: that the Rehab Unit and Vale House was perceived as a welcoming environment; the assessment of individuals and care pathway being responsive to residents particular needs and chemical addiction; the usefulness of a balanced staff group which included some ex-residents as staff members; a high staff-resident ratio; the size and composition of the rehab unit residents group; residents motivation in wanting to successfully complete rehab; the importance of residents achieving measurable short-term goals during the six month rehab period; attendance at college and voluntary work seen as building residents self-esteem, confidence, and supporting the transition back into the community; and accessing after-care as an important and necessary part of the programme.

Other findings included evidence of a decrease in self-reported hospital and legal episodes post-rehab compared to pre-admission from a sample of 40 ex-residents from the Hertfordshire area.

In addition, an analysis of an internal Vale House audit of Hertfordshire funded residents, representing 83 per cent of residents admitted to the rehab unit during the study period, noted an



average completion rate over the five year period of 71 per cent.

Whilst this latter study was based on ex-resident follow up and self-reporting their lives over periods ranging from seven to two years post-rehab, which raises the question of the reliability of such data, it is useful as a possible indication that they are doing well.

Similarly the 71 per cent completion rate for this group out performs local funders' expected rates of completion, although how these rates compare both regionally and nationally is unclear, as current figures were not available from government sources and national drug agencies at the time of this study.

A number of these findings are supported by EATA in their publication *Rehab – what works?*; for example, the role of residential care, after-care provided, the staff team, and the length of stay,

This study has highlighted the need for further longitudinal and time-limited research in this area particularly in relation to successful post-rehab outcomes. In addition given the paucity of such small-scale localised studies nationally of residential services, further research would contribute towards our understanding of the processes involved in successful residential rehabilitation.

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Copies of the research report *Losing my best friend, The First Five Years (1996-2000). A Study of Vale House Residential Rehabilitation Unit* can be obtained from Chris Hannaby, Chief Executive, Vale House Stabilisation Services, 43, Cowbridge, Hertford, SG14 1PN, tel. 01992 553173