



## Building foundations for a counselling career

Clouds' new foundation degree has opened doors to an addictions counselling career for some who might otherwise have considered themselves unlikely candidates. DDN finds out more from tutor and students.

**'People in the drugs field often have good academic qualifications and very little experiential knowledge.** Or they are trained on an apprentice model – they know all about addiction only because they've been there,' says Tim Leighton.

As head of professional education, training and research at Clouds, Leighton is pleased to celebrate with the first year of students to graduate from the Clouds foundation degree in addiction counselling.

'The foundation degree is designed to create practitioners,' he says. 'They're trained to be good practitioners, but they also understand something about the models they're using and the research that supports them.'

Training is thorough and begins with the first half of the year in the classroom, learning about all aspects of addiction treatment, including harm reduction, 12-step, cognitive behavioural therapy, motivational interviewing, as well as about diagnosis and assessment.

They become practice through a placement for the second half, which might be in an intensive residential treatment programme, or could be with a harm reduction agency.

Leighton prefers to settle students into one placement, so they can become part of a team, rather than moving them on when they start to become useful. They develop a portfolio of work-based learning, assessed by a supervisor, to complement the traditional essay writing.

The course is structured to bring the best out of its students. But what kind of person makes a good addictions counsellor?

A selection day helps them find their most likely candidates, Leighton explains. The course leaders want access to be as wide as possible, to include those applicants who might not have formal education or qualifications, as well as the more academically able. Many students want to change career to come into the field – in fact all the recent foundation graduates were mature students.

Shortlisted candidates are invited down to Wiltshire for a day, to see how they interact with others.

'They're invited to do a number of activities, and to talk and give their opinion in small groups,' says Leighton. 'We can assess whether people can co-operate, whether they're too much of a shrinking violet, or whether

## So you want to be an addictions counsellor



**Rachel Walters thought she would never be considered for the course with her background in banking. Now she has gone on from the foundation course to the BSc Hons.**

I came to the course by accident really. My nephew died aged 21 and I also had two fairly violent alcoholic partners. I wanted to know why.

I came across Clouds House on the internet and saw they did a course. It wasn't the degree course then, it was the diploma.

I phoned up thinking I wouldn't stand a chance of getting on the course because of my background. I had an interview and they told me to go and do a couple of free courses with Wiltshire County Council, find out more, and keep them informed. When I came back to them, they

suggested I might be interested in the foundation degree. I went on the selection day and got onto the course.

I'm now seeing addiction from the other side. It helped me understand my own processes as well, and taught me how to deal with different situations. It was a good grounding for interacting with people and watching my own reactions. Within a year I came across somebody within treatment who reminded me exactly of my nephew. So had I not had intensive training at the beginning of my course it might have been quite difficult to handle, even with supervision and support.

I think you need to know yourself very well and not react to people, to be a good counsellor. You are under quite a lot of pressure at certain times and patients do shout. You can't let it affect you or react – you

need to keep not exactly detached, but calm about it. Some people can be intimidating and quite manipulative.

I've found that clients fall into two camps: some think you have a magic wand, which you can wave to make everything fall into place. Others see you as an authority figure, and kick against that sometimes.

There's quite a managerial element to the BSc, and we go into therapies – cognitive behavioural therapy and motivational interviewing in particular – in much greater detail. Once I've done the BSc I want to work in a counselling role for a while; my ultimate goal would be to be a team leader, then a manager.

But I need to get more experience first. The foundation degree gave me a brilliant chance to work on the job and learn at the same time – it prepares you completely for the job.

they'd be dominating.

'We stick them in groups of three, so one person plays the counsellor, another plays the client, and another one plays the observer. Some of these people have already got diplomas and certificates in counselling and we expect these people to demonstrate pretty good skills. But we also see people who've got none of that, who show a talent for it by doing the right thing. We observe that and score it.'

A subtle part of the intake process is assessing candidates' motivation for doing the course. Personal experience is no bar to joining, Leighton explains: 'We're less judgemental about this than we used to be. If someone says they want to do it we say OK then, this is what it involves and these are the kind of qualities you're likely to need.'

Once places have been confirmed, the course needs everybody to start in the same place.

'They need to more or less suspend what they think they know about the issue and open their mind to different angles.'

Their reward will be a good chance of employment – the diploma from which the foundation degree was developed had a record of nearly 100 per cent employment afterwards, according to Leighton – and those who have completed it have tended to stay in the field.

'We did a survey of the first 100 people who had gone through my course a few years ago,' he says. 'Nearly all of them had not only got jobs within the field – they were still in those jobs.' Other foundation graduates go on to the BSc honours degree in addiction counselling.

While candidates are lining up for the foundation course, Leighton is surprised that there are not more applicants for the part-time version, and contemplates that employers might need more help in supporting people who have been in the field for some time and have not had the chance of professional development.

'We want to help employers see the benefits of sending staff on the foundation degree part time while they're employing them,' he says – and hopes that a forthcoming move from the depths of the Wiltshire countryside to mainline Warminster, where they will open the Clouds Centre for Addiction Treatment Studies, might help to make the whole idea more accessible. **DDN**



**Adrian Edwards joined the course when he was in desperate need of a career change – propelled by personal circumstances. Having graduated from the foundation degree, he is now partway through the honours degree.**

A number of things made me interested in working in the field, but probably the most important factor was that I lost quite a close friend to drugs.

I was working in the defence industry, very unhappy, and looking to get out. I was interested in doing drug work, so thought I would approach some organisations to do voluntary work. But they weren't interested, so I thought, 'if this is something I want to do, I'm going to have to get the skills to break into it'.

I remember feeling quite nervous about the selection day, wondering what the correct terminology was for

talking about drugs and alcohol. Do you call them an addict? Or someone with a problem? I had absolutely no idea.

The course gave me exposure to different areas of addiction. I'm now in the second year of a placement with Broadway Lodge, which is abstinence based. Over the summer I worked in Exeter Prison. They are two very different environments, but I now feel equipped to work in either.

Having experienced both, I personally feel more comfortable with harm reduction. Dual diagnosis is an area I'm particularly interested in.

This is the only adult education thing that I've started and finished – or even come close to. That's down to support really – at Clouds and from other professionals along the way in placement agencies.

I did all right at school, but not fantastic. This has given me a completely new opportunity.



**Someone I know has been included on the shortlist for a job at my agency. We have a strict 'clean' policy here, but I know this person socially, and he is well-known for his drug-taking. Should I advise my manager of the situation, or keep my nose out?**

**Rose, Birmingham**

### Popularity vs professionalism

Rose

The person you know has clearly put you in a difficult position. Your organisation has developed a policy to protect the vulnerable people in your care and, as a paid professional, you have a responsibility to preserve this.

I was in a similar position some years ago and had to chose between my professional integrity and my popularity with others. Personally, I would contact the person and ask them if they were aware of the organisation's policy concerning the use of drugs by staff members. I would then gently ask them to take some responsibility within this, with the expectation that they would withdraw their application. If they were unwilling to do so, I would let them know that I am required to inform my line manager, and how I felt about this.

I know how difficult it can be to follow through with this, but it's worth reminding yourself why this policy was put in situ in the first place and the responsibility we have as professionals to preserve the wellbeing of vulnerable people in our care. Equally, we need to ensure that we don't parallel and collude with the common rules often

found in our client population, about 'grassing'. The cost is too great. I hope this goes well and the very best of luck.

**Nick Gully, director of addiction services, The Priory Hospital Roehampton**

### No choice for a friend

Dear Rose

My heart goes out to you, yet there are two issues here: firstly, this person is a user; secondly, he's a social friend.

So on the first point, I would feel I had no choice but to whistle-blow. Just think of the problems this person could bring to the agency – and more importantly, the harm he could bring to clients seeking help.

On the second aspect, you state that you know him socially; so if this is the case, you as a professional will be doing your friend a caring favour for himself and keeping to the 'clean' policy the agency holds. I am sure this can be done confidentially to your manager without everyone knowing – and if this is the case, then your friend will never know that you have done him a favour. Being a professional is not easy when situations like this arise. Good luck in your chosen decision.

**Sean Rendell**

### Reader's question

**I am currently employed by a large charity as a counsellor and am looking to move jobs. I am considering moving to a private treatment provider and would like to hear if any readers who have experience of working for the private sector, as well as charity or statutory sectors, have noticed a significant difference in attitudes and working practices – or is delivering care the same whoever is providing it?**

**Bryan, via email**

Email your suggested answers to the editor by Tuesday 20 March for inclusion in the 26 March issue.