





# The sky's the limit with this stuff

Client and staff perspective on client centred care in residential substance dependence treatment

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# Client centred care



- the way care is delivered is equal to the care itself
- ethical
- effective
  - o wellbeing
  - o health status
  - o treatment adherence
  - o self-management



# Client centred care in substance dependence treatment

- Australian Commission on Safety and Quality in Healthcare (2011, 2012)
- client experience of stigma and disempowerment in health care (Lloyd, 2013; van Boekel et al 2013)
- actively involving clients may improve uptake and retention (Deering et al 2017; Strike & Gupta, 2017)
- clients express the desire for more involvement (Deering et al 2017, Hinsley & Kelly, under review)



# Study: Kedesh client centred care model

**EXAMPLES** 





- staff initiate phone calls with clients on waitlist
- flexible extension
- permit re-entry after lapsing
- modified program length
- modified leave entitlements



## KEDESH REHABILITATION SERVICES

### **AIM**

- staff perspective on the defining features of the client centred model
- staff and client perspective on benefits and challenges of the model

### **METHODS**

- April 2018 to April 2019
- -4 client focus groups (N = 18)
- -8 staff individual interviews
- thematic analysis



# Study: Kedesh client centred care model DEFINING FEATURES (STAFF) flexible comprehensive open-minded inclusive

**DEFINING FEATURES** 



**It's not one size fits all treatment**, like what we traditionally thought about rehabbing in the past

From the get go, "These are all your options, what do you actually need out of treatment? Is it outpatient? Is it residential? If it's residential, what is it going to look like? How long do you need?"



# Study: Kedesh client centred care model

**DEFINING FEATURES** 



We **look at the overall context of the client** not just at Kedesh but in their life



**DEFINING FEATURES** 



When we first started moving towards it, it was a bit like, "Can we do this?" Like, "What are we allowed to do?" ... But now it's kind of more of a conversation of, "Why or why not?" Rather than, like a, "Yes or no you can or can't do it."



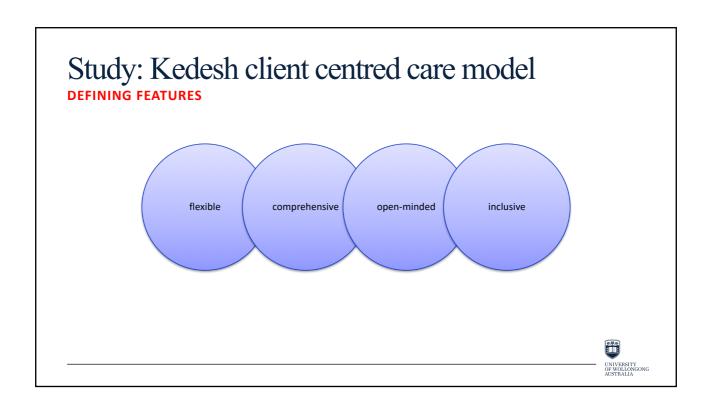
# Study: Kedesh client centred care model

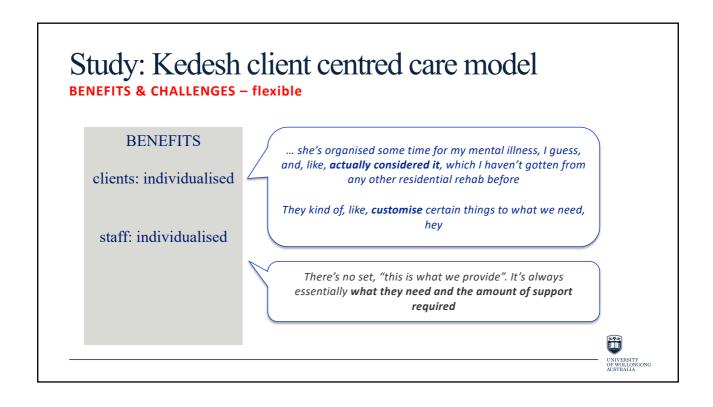
**DEFINING FEATURES** 



I feel a lot better around the decisions that we've made [now]. We're actually considering the client, rather than just being very clinical and going through the procedures and ticking boxes and you know, making these huge decisions that really affect peoples' lives just based on the procedure







**BENEFITS & CHALLENGES - flexible** 

... it's sometimes difficult to make a decision because you don't know what the boundaries and limitations actually are and what framework or what sort of expectation are you working with. ... one person might think this is a really good idea "because of this", but then this person might think, "well actually, no because what about these things as well?"

... it's been thrown at us before, "You let him stay because he had a slip, why aren't you letting this bloke stay because he's had a slip?" ... I think it's harder on the clients to be able to see why it's different from one person to the other.

### **CHALLENGES**

[no theme emerged]

staff: consistency



# Study: Kedesh client centred care model

**BENEFITS & CHALLENGES – comprehensive** 

### **BENEFITS**

clients: holistic

staff: holistic

When you've got the case manager, the counsellor and all the other staff you're really forced to focus on yourself as an individual ...you can't just fit in with the herd and just fly under the radar by obeying all the rules

We look at creating a treatment plan that doesn't just fit being in rehab, but more so, what their problems are in general, **what they want to work on in life** 

We're addressing things now that probably weren't addressed before ...



**BENEFITS & CHALLENGES - comprehensive** 

The therapy is a **lot more in depth** here than it is in other places, I've found ... I mean therapy is more challenging because I think **we're getting more done**. I mean it's hard because I think they're getting down to the nitty-gritty and it can get worse before you get better but not in a bad way

... because it is client-centred and we're changing the way we're doing things all the time, we talk about it, but I don't know how well that often translates to the whole team.

It is **difficult to manage** a bigger group of clients when you're trying to focus on their individual needs ...

### **CHALLENGES**

clients: confronting

staff: logistically complex



# Study: Kedesh client centred care model

**BENEFITS & CHALLENGES – open-minded** 

### **BENEFITS**

clients: agency

staff: enterprising

I think staff can feel like we're making meaningful change because **the change is coming from within**, rather than just doing what is told and doing it just to exist and we're getting told in the house – **because it's client based therefore a lot of decisions are coming from within us** ...

When you have a team of people that are giving input and saying, "How about we try this or how about we do that?" it actually is for the advantage to the client because you've got all of that different input coming in

It's **constant discussion and questioning** and you **share the load** as a team



**BENEFITS & CHALLENGES - open-minded** 

My experience has been I had **a lot of self-responsibility** with my care here, like, I'm the one that's brought a lot of it out and said what my needs are

They ask you a lot what you need and I never know what I need

If we worked by a book, it'd be very easy to make decisions.
"That person used, they get discharged, there's nothing to
talk about". As opposed to, "This person used, okay, what
was the situation? How did they respond when they came
back? Were they honest about it?" All that turns into an
hour-long conversation, which is time consuming

### **CHALLENGES**

clients: uncertain

staff: resource intensive



# Study: Kedesh client centred care model

**BENEFITS & CHALLENGES – inclusive** 

### **BENEFITS**

clients: compassionate

staff: satisfying

... if something has been a little bit close to and I've got a bit teary or emotional about it towards the end of the group they always ask, "Are you okay?"

They **genuinely care** and explain why they're doing things

... when we started the client centred care it **boosted my confidence** so much because it was kind of that, "okay, it might be scary doing this new approach, but I do have good judgment"

I think that the advantage for staff is getting that genuine sense of doing what's best for the individual ... that sense of we're doing what we can



**BENEFITS & CHALLENGES - inclusive** 

Because it's not like a military school and staff encourage feedback, there is an option that the power given to clients is used... they could really come in from the door and be like, all right, that means I can just whinge and complain about every little thing and staff are going to be at my beck and call

There is an **ongoing pressure** in that you're always having to make a decision and you're not always going to know if that's going to be the **best or the right decision** at that time

### **CHALLENGES**

clients: unfair

staff: anxiety provoking



# Study: Kedesh client centred care model DEFINING FEATURES flexible comprehensive open-minded inclusive

# General conclusions

client centred care is an increasingly important policy & practice consideration





valuable & challenging for both staff and clients

### implications

- guidelines
- cost-benefit analysis
- evaluation
- collaboration



# Quant study: Kedesh client centred care model

### **AIM**



- acceptability and feasibility of the model to clients and organisation
- effectiveness of client centred care on outcomes

### **METHODS**

- client longitudinal survey: wk1, wk4, wk7, 1-mo post, 6-mo post
- client centred measures: satisfaction, PREMs
- outcomes: substance use, service use, psychological wellbeing, recovery



