Research Paper

Making multiple 'online counsellings' through policy and practice: an evidence-making intervention approach

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ABSTRACT

Online counselling services for a range of health conditions have proliferated in recent years. However, there is ambiguity and tension around their role and function. It is often unclear whether online counselling services are intended to provide only a brief intervention, the provision of information or referral, or constitute an alternative to face-to-face treatment. In line with recent analyses of alcohol and other drug (AOD) policy and interventions that draw on a critical social science perspective, we take an *evidence-making intervention approach* to examine how online counselling in the AOD field is made in policy and through processes of local implementation. In this article, we analyse how online AOD counselling interventions and knowledges are enacted in Australia's AOD policy, and compare these enactments with an analysis of information about Australia's national online AOD counselling service, *Counselling Online*, and transcripts of counselling sessions with clients of *Counselling Online*. We suggest that while the policy enacts online counselling as a brief intervention targeting AOD use, and as an avenue to facilitate referral to face-to-face treatment services, in its implementation in practice online counselling is enacted in more varied ways. These include online counselling as attempting to attend to AOD use and interconnected psychosocial concerns, as a potential form of treatment in its own right, and as supplementing face-to-face AOD treatment services. Rather than viewing online counselling as a singular and stable intervention object, we suggest that multiple 'online counsellings' emerge in practice through local implementation practices and knowledges. We argue that the frictions that arise between policy and practice enactments need to be considered by policy makers, funders, clinicians and researchers as they affect how the concerns of those targeted by the intervention are attended to.

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Introduction

Online interventions for alcohol and other drug (AOD) concerns have proliferated in recent years, alongside the rise in the use of online platforms for the provision of health information and treatment (Cunningham, Kypri & McCambridge, 2011; Gainsbury & Blaszczynski, 2011). As in other areas, such as mental health (Meurk, Leung, Hall, Head, & Whitehead, 2016) and gambling (Rodda, Lubman, Dowling, Bough & Jackson, 2013), online AOD interventions are often seen as a cost-effective way of overcoming barriers to treatment access, facilitating help-seeking and addressing AOD problems (Cunningham, Kypri & McCambridge, 2011; Gainsbury & Blaszczynski, 2011). Online counselling, whereby counsellors engage in real-time web-chat with clients, is one such example. While authors have suggested that online AOD counselling holds promise (Garde, Manning, & Lubman, 2017; Swan & Tyssen, 2007), few empirical studies have examined client experiences of online AOD counselling, the counsellor-client

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encounter, or its effects on clients' consumption practices, well-being or future treatment-seeking.

In the Australian context, two studies have described the characteristics of people accessing *Counselling Online*, Australia's national online AOD counselling service, which provides single-session, anonymous and 24/7 online support (Garde et al., 2017; Swan & Tyssen, 2007). Both reported that the service is highly accessed after-work hours and by groups who are less likely to seek help from face-to-face services, including younger people, family members and women. Due to the anonymity and 24/7 support provided, the authors of both studies concluded that *Counselling Online* can help to overcome barriers to treatment access including stigma, lack of face-to-face treatment options in particular geographical areas, and day-time child-caring, work and other responsibilities (Garde et al., 2017; King et al., 2006; Rodda et al., 2013; Swan & Tyssen, 2007). While increasing access to support for those who need it is likely to be useful, it is unclear from these studies what support people are receiving in practice, how helpful they find it and what other kinds of support or intervention online counselling may provide. It is not clear whether online AOD counselling acts in practice as a treatment similar to face-to-face AOD counselling, a brief intervention, and/or an avenue for the provision of information or referral. Despite this ambiguity, several AOD policy documents in Australia recommend expanding online AOD counselling services (Council of Australian Governments, 2015; Ministerial Council on Drugs Strategy, 2011 ; State Government of Victoria, 2012).

In this article, we aim to untangle the uncertainty around the role and function of online counselling to suggest ways forward for working with the multiple intervention objects that emerge in policy and practice. In order to take account of these varied enactments online counselling, we take an *evidence-making intervention approach*, as proposed by Rhodes, Closson, Paparini, Guise, and Strathdee (2016). The benefits of this approach lie in its focus on how interventions are 'made' through processes of local implementation, and can thus take on different meanings and produce different effects to those intended at their inception or outside the local ecologies of their implementation (Rhodes et al., 2016). Rather than suggest that online counselling is only, or should be, one thing or another, we aim to draw attention to the multiple interventions online counselling *can* be as it is emerges through policy and practice.

To do so we critically analyse how online counselling is enacted in the *National Drug Strategy 2010–2015* (NDS) – Australia's national AOD policy at the time of conducting this analysis (Ministerial Council on Drugs Strategy, 2011). We then analyse service information, usage data and transcripts of online counselling sessions from a national online AOD counselling service to compare policy enactments with local implementation processes and client experiences of the service. While the policy enacts online counselling in relatively narrow terms, we highlight some alternative and unexpected ways online AOD counselling acts when implemented in practice. We argue that the frictions that appear between the multiple enactments of online counselling need to be considered as they affect how the concerns of those affected by the intervention are attended to.

Evidence-making intervention approach

The *evidence-making intervention approach* we take here departs from conventional evidence-based intervention and implementation science discourses, which "tend to imagine a stable intervention object with universal effect potential" if implemented fully and 'properly' irrespective of the context in which the intervention is implemented in (Rhodes, 2016, p.

17). Such discourses assume that an intervention will have a singular, predictable effect if implemented correctly, such that promises can be made about an intervention's likely effectiveness prior to its implementation on the basis of evidence generated in other intervention contexts. However, several scholars have critiqued the assertion that AOD clinical tools and interventions are stable objects with predictable effects through critically-informed empirical analyses of, for instance, the implementation and use of AOD diagnostic and outcome monitoring tools (Dwyer & Fraser, 2015; Dwyer & Fraser, 2017; Savic & Fomiatti, 2016), online AOD screening and automated feedback interventions (Savic, Barker, Hunter & Lubman, 2016), and methadone (Rhodes et al., 2016; Fraser, Moore, & Keane, 2014; Fraser & valentine, 2008). This body of work illustrates that clinical tools and interventions are not stable or singular but are made (and made multiply) through their interaction with networks of other human and non-human actors in local contexts. Thus, as the configuration of the networks at play in different implementation situations will differ, so too will the intervention object and its effects (Rhodes et al., 2016).

Extending this critique, Rhodes et al. (2016) propose an *evidence-making intervention approach* as a way of analysing and engaging with interventions from a critical social science perspective. Their approach draws on work on problematisation (Bacchi, 2009, 2012) and actor-network theories (Latour, 2005; Law & Hassard, 1999) that highlight the "relationships between problems and interventions as things in the making" (Rhodes, et al., p.19). Bacchi's (2009) Foucault-inspired approach to policy analysis centres on how texts construct 'problems' through their representations of them, and brings into question the processes of problematisation and the making of solutions in evidence-based policy frameworks. Actor-network theories (Latour, 2005; Law & Hassard, 1999) investigate how action and 'social' effects are generated through the momentary coming-together of diverse networks of human and non-human actants, highlighting the specific contexts and collective processes involved in producing effects such as intervention outcomes. Each feeds into the aims of an *evidence-making intervention approach*, which seeks to investigate "how an intervention and the knowledge which constitutes it, is made locally, through its process of implementation", and how an intervention's effects are contingent upon a vast array of actants that make up dynamic local networks (Rhodes et al., 2016 p. 17). The aims of this kind of investigation are firstly to understand "how intervention is constituted through the frictions between the various forms of knowledge which make it" and secondly "to understand the lived health and other effects of such intervention in relation to local economies of capital and care, including in ways beyond those foreseen or fixed by an intervention's evidencing a priori" (p.19).

Inspired by Rhodes et al.'s (2016) proposal, in this article we draw on the *evidence-making intervention approach* and its first aim in particular, to examine how the online counselling intervention is constituted in AOD policy, implementation processes and practice. In line with Rhodes et al.'s (2016) articulation, our aim is to "make visible the variable and multiple enactments" of online AOD counselling "which can be generated other than those presumed to be stable 'in translation'" (p.19). The notion of multiple enactments of intervention objects is central to our discussion here, and hinges on work around the performativity of knowledge practices in science and medicine by Mol (2002) and Law (2004), in which knowledge practices are seen to perform and 'enact' realities rather than describe pre-existing realities and objects. Various enactments reify different knowledges, and the practices through which these enactments are performed are made possible by the various actants at work in generating the local context. We take up this approach here as attending to multiplicity enables us to explore how the various enactments of online AOD counselling hang