ARTICLE

Using Leverage in Counseling the Court-Referred Client

RSI Recovery Systems Institute

TREATMENT PROFESSIONALS

By Chandler Scott McMillin

Part Two: Establishing Credibility

It's hard to think of anything more essential to a counseling relationship than the credibility of the counselor. Some clinicians naturally possess a personal style that leads others to pay attention to their advice (you probably know at least one). For the rest of us, here are a couple methods for improving your credibility early in the relationship, so as to make you more effective later on.

Showing that we have valuable knowledge or expertise

Alcoholics and addicts often know a great deal about alcohol and drugs, but surprisingly little about addiction and its various effects. The assessment process provides opportunities to teach new knowledge and at the same time, increase our credibility.

Counselor: "You said you've been having some problems sleeping."

New Client: "Yeah. Past month. It's the stress. New job." (*resentfully*) "Knowing I have to go through this crap with the Court." (*hesitates*) "Since I quit drinking, basically."

Counselor: "That's common enough. I could show some tricks that might help."

New Client: "Like what? I take these pills. Organic stuff my wife got at the health food place."

Counselor: "My experience is those things don't help. Maybe for the first week, but no more."

New Client: "They don't?"

Counselor: "If they ever worked at all. Is it that you have trouble falling asleep?"

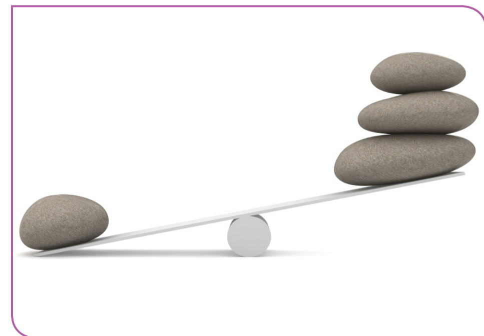
New Client: "No, I fall asleep. But I wake up a bunch of times during the night."

Counselor: "That's called 'fractured' sleep. Problem is that it tends to be cumulative. Miss a couple hours every night, it adds up. By week's end you missed the equivalent of a night."

New Client: "So what can I do?"

Counselor: "Several approaches. When we're done with these questions, we can talk about it."

Teaching is always a good way to establish expertise about a subject. And it puts the clinician in the role of consultant – a good role with the reluctant client.



Aligning ourselves with logic

Most people have a certain degree of respect for simple logic. Using it in counseling helps increase the credibility of our advice. Looking in on another clinician and client:

Counselor: "What would you like to get out of this experience?"

New Client: "Nothing. I just want to get through it."

Counselor: "Well, the treatment part ends in six months. So that's taken care of. Anything else interest you?"

New Client: **"**No. I'll do what the Court ordered. But no more. And you can't make me."

Counselor: "I wouldn't dream of trying. Still, seems logical that this program could teach you something you didn't know. "

New Client: "Like what?"

Counselor: "What about how not to get another DWI?"

New Client: "I know how. Don't drink and drive."

Counselor: "You knew that before you got the last one. pause Do you plan to give up alcohol permanently? For the rest of your life?"

New Client: (*vehemently*) "Hell, no."

Counselor: "Then it'd be smart to learn how to avoid another arrest."

©Recovery Systems Institute 2012 | WWW.RECOVERYSI.COM

Using Leverage in Counseling the Court-Referred Client

New Client: "I don't intend to get another arrest."

Counselor: (*shrugs*) "Nobody does. But about a third of arrests are repeaters."

New Client: "They're stupid."

Counselor: "No. They just haven't figured things out yet."

New Client: "What's to figure out?"

Counselor: "You'll see. If you keep an open mind, that is. You have to attend the sessions anyway. How can it hurt to listen?"

With a complicated case like Brenda's (*remember Brenda, from* Part 1?) —reluctant, relapsing, treatment-wise, and with multiple clinical issues – we might combine approaches.

Counselor: "I see this is your fourth treatment. The others have been residential programs. How would you rate your chances this time?"

Brenda: "Good." (*hesitates*) "Maybe not all that good." (*reconsidering*) "I know what I have to do. It's just a matter of doing it."

Counselor: "I take it you do want to change."

Brenda: "Of course I do! You think I like living like this? I want to get somewhere in life!"

Counselor: "Did you feel that way when you left the other programs?"

Brenda: "Not really. I mean, I thought I wanted to get clean. But I guess I didn't. Or I wouldn't have gone back to drugs, right?"

Counselor: "You believe it's a matter of wanting it bad enough?"

Brenda: "Well, sure. Don't you?"

Counselor: "No."

Brenda: (*surprised*) "Then what is it?"

Counselor: "Mostly, getting on the right path and taking it one day at a time. Not giving up when you're tired or pissed off or anxious or depressed about something."

Brenda: **"**Of course, but—" (*laughs*) —"how do you do that?"

Counselor: "I can show you. But are you willing to work at it?"

Brenda: "I guess so."

Counselor: "You'll need to do one thing, if it's going to work."

Brenda: **"**What's that?"

Counselor: "Follow directions."

Brenda: "What sort of directions?"

Counselor: "How to get and stay clean. Manage situations that trigger relapse. Make certain decisions."

Brenda: "What if I think they're poor directions?"

Counselor: "Then you shouldn't follow them. But if I can give you a good logical reason, are you willing to trust my advice? "

Brenda: "I guess so. "

Note that the counselor hasn't promised a 'fix' —just some valuable advice. The really important step—putting the plan into action—will be up to Brenda. That makes her a partner in treatment rather than a passive recipient.

Because Brenda has multiple problems, the question arises as to which of several to address in this treatment episode. Take domestic violence.

Counselor: "Looks like there's a pattern of abusive relationships here. Several of them."

Brenda: (*suddenly reticent*) "Those were a while back."

Counselor: "You ever talked about that in treatment?"

Brenda: (*harsh laugh*) "One program I was in, that's all they wanted to talk about."

Counselor: "What happened?"

Brenda: "I left."

Counselor: "Why?"

Brenda: (*shrugs*) "I wasn't ready."

Counselor: "Start using again?"

Brenda: "Same day. Look, I don't want to get into that now. OK?"

Counselor: "OK."

Presumably the counselor didn't press the issue because:

1. Brenda was not currently in an abusive relationship, and
2. He worried it might precipitate a relapse at this point in recovery.

Once those situations change, they can revisit the issue.

Complex cases are different from more straightforward cases, because multiple problems can be expected to interact with one another and in doing so, affect the course of treatment. That's a big subject in itself, and one we'll have to address in more detail elsewhere.

Teaching is always a good way to establish expertise about a subject. And it puts the clinician in the role of consultant – a good role with the reluctant client.

Summary

Wasn't it Archimedes who promised that given a lever long enough and a place to stand, he would move the world? In using leverage, think of credibility as the place you stand. If it's solid enough—meaning that you established your credibility early in the relationship and haven't done much to undermine it in the interim—your influence with the client will be stronger, and the leverage you exert will be more potent.

Next:

Part Three: Maintaining Credibility

Chandler Scott McMillin, Principal of Recovery Systems Institute, has created and operated successful addiction treatment programs for more than thirty years. He has written countless articles and co-authored seven books on addiction treatment and helped hundreds of families with successful interventions.