ARTICLE

Using Leverage in Counseling the Court-Referred Client

RSI Recovery Systems Institute

TREATMENT PROFESSIONALS

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Part Three: Maintaining Credibility

Just as we can improve our credibility with a new client by following a few simple guidelines, so too can we undermine our credibility by making predictable mistakes. Such as:

Making promises that aren't kept

Here's a client in a Court-ordered residential program interacting with his counselor over a weekend pass:

Client: What? I can't have the pass? You approved it three days ago!

Counselor: No, I didn't. I said I'd support the idea of a pass with the treatment team. And I did. But they disagreed.

Client: You're my counselor. They don't know me. You do.

Counselor: Look, I have supervisors too. We don't always agree. This time we didn't.

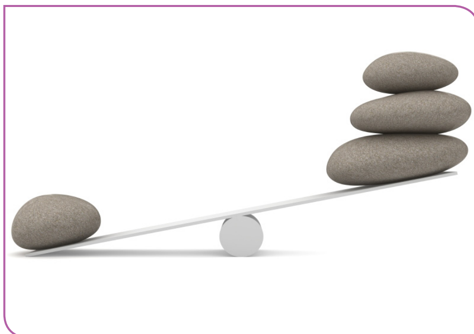
Client: You didn't tell me about that.

Counselor: I thought I made it clear.

Client (annoyed): This is going to cause me problems at home. Visibly angry You shouldn't have promised!

Counselor: I explained that. I didn't.

Set aside the issue of who said what to whom. Focus instead on the effect on the counselor's credibility with this client—it's clearly been diminished. That will have an impact on future relations. If the counselor has a chance at a do-over, she'd no doubt take greater pains to be clear about the pass approval process. Too late now.



Demonstrating a lack of expertise

This client is scheduled to leave a 30 day inpatient facility in the next week. He approaches his counselor in the hall.

Client: I wanted to ask you about this suboxone stuff. To take after I leave, I mean.

Counselor: What about it?

Client: I talked to this guy at the meeting who said it helped him. What do you think?

Counselor: I don't know much about it. Except for detox. We don't use it here.

Client: Yeah, but how does it work?

Counselor: I don't know. You'll have to ask the doctor.

Any counselor should be able to provide basic information about a common treatment option to an interested client. Otherwise the client will begin to wonder what else his counselor doesn't know about recovery. The technical aspects of such treatment can still be addressed by the medical staff.

Being easy to manipulate

We all get manipulated from time to time. No harm done. The point is not to make it too easy.

This client just has missed her third intensive outpatient session in the past fifteen:

Client: Look, I'm sorry I missed. Something came up.

Counselor: You know you're supposed to call in when that happens.

Client: I know, I know. It was kind of a crisis.

Counselor: I know you always have your cell with you.

Client: I did, and I was going to program the number into it, but I forgot. But hey, can we not count it as an absence? I got court coming up in a week and I really don't want to show up with another black mark.

Counselor: This'd be your third, right?

Client: I don't know. But the judge doesn't like me anyway, and I don't want to do anything to piss her off.

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Counselor: I'm not going to lie for you.

Client: Oh no, I wouldn't ask anybody to do that. I'm just saying not put it on this report. It can go on the next report. (Pleading) It could save me a lot of trouble.

Counselor: You promise to call in if it happens in the future?

Client: Most definitely. It was a one time thing anyway. I was late for this meeting with my kid's teacher, and…

Counselor: You can skip the excuses. Just don't do it again.

Client: I won't.

What lesson did the client learn from this incident?

That you can talk your way out of consequences.

Is that the lesson that treatment is supposed to teach? Of course not.

An alternative: report it as required. Don't cover up for your client. And if you're going to negotiate, get something better in return than yet another promise.

Abnormal requests

Sometimes clinicians inadvertently stray from their role as treatment professionals.

Counselor: I want you to volunteer at the animal shelter.

Client: What? Why?

Counselor: I think it would be good for you to do something for somebody else. To think about somebody's problems other than your own.

Client: What does that have to do with treatment?

Counselor: You need to work on more than your addiction.

Reality: maybe so, but the connection is tenuous. The client asks a good question. If he'd expressed a desire for volunteer work, that'd be different. But he hasn't. The issue isn't whether volunteering would be good for the client – it might well be – it's whether the clinician wants to use up some of his valuable 'capital'to impose this condition on the client. Knowing, for instance, that he can use it against you in the future.

Being unreasonable

Counselor: Please take your hat off.

Client: Why?

Counselor: We have a rule here – no hats.

Client: Nobody told me about that.

Counselor: Well, it's the rule.

Client: Are there other rules nobody told me about?

Counselor: Look, don't cop an attitude. It's a rule, and I told you, so that's that.

Client: No need to get huffy.

Counselor: I'm not huffy. Worry about your own conduct.

The counselor's argument is a variation on 'because I said so'. Why not take a moment to offer a reasonable explanation? No need to argue -- assuming it really is a rule and not just a personal preference. A good explanation automatically increases compliance. As it is, the counselor appears petty and rigid and even a bit dictatorial. That will make him less influential with the client when something of real importance does arise in the near future.

Summary

Clients test boundaries – Court clients more so than those who referred themselves. Sometimes the testing is just to see if rules can be bent for personal convenience. Sometimes it's an expression of resistance to change itself. And other times, clients will test boundaries just to see what will happen when they do.

If you're prepared for such tests, and can avoid some predictable errors in response, you'll find that the course of treatment runs smoother.

Next:

Part Four: Decision Making

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.