

By Chandler Scott McMillin

Part Four: Helping a Client Make Difficult Decisions

Court-referred folks are like any others new in recovery—they need help making good, common sense choices. After all, they haven't had a lot of practice.

Any counselor can give advice. A good counselor provides it in ways that the client can accept. A couple suggestions that may help optimize your chances for a good outcome:

The Value of Contrast

When your client is faced with a difficult decision – committing to a treatment program, for instance, or signing up for an extended stay in a residential facility – it usually helps to present the options in the context of available alternatives. Avoid being overly direct or confrontive – somebody who is already ambivalent will probably react emotionally, with an immediate 'no'.

For instance, avoid this:

Counselor: I think you need to go to a halfway house.

Client: No way. That's for losers.

Counselor: But what if you relapse when you're on your own?

Client: I won't. I know myself. I learned my lesson. This time will be different.

Instead, try this approach. Note that the clinician presents the worst option first. That makes the alternative look more desirable:

Counselor: Let's see, what are our options? You don't presently have a place to live. I take it you don't have any money. I suppose you could go on over to the homeless shelter.

Client: Oh no. Maybe I could go back to my parents for a while.

Counselor: They seemed pretty adamant about not doing that again. So did your aunt.

Client: What am I going to do?

Counselor: There's this really nice transitional house over on 14th. Great place, you can look for a job, stay there a couple months, until you get set up in your own apartment.

Client: It's a halfway house, isn't it? I don't want to go to a halfway house.

Counselor: No. It's transitional. I know the manager – good guy. I could call him if you want. Let you talk with him.

Client: I guess so.

If the client is unusually resistant, you might even decide to start with an option that you're positive will be turned down, just to set the stage for something more realistic.

Counselor: Given your history, I think you should consider a long-term residential program.

Client: You mean like, a year?

Counselor: At least.

Client: Absolutely not.

Counselor: You won't even consider it?

Client: Not a chance.

Counselor (sighs): Okay. It's your call. But where will you live?

Client: I don't know. I'll think of something. But I'm not going to no long-term place.

Counselor: I hear you. But you know, there is this other house that's just for short-term transitional folks. It's right over on Fourteenth by the library.

Client: How long do you have to stay?

Counselor: Not long. A month? Sixty days? Till you get a job and a place of your own.

Client: That sounds OK. Maybe we can talk about that.

It's a good idea to narrow the options to just a couple. The more choices the client is offered, the more likely he or she is to feel overwhelmed. It's what happens in a grocery store that stocks too many brands of the same product—it confuses the customers, who are less likely to buy any of them.

Using Leverage in Counseling the Court-Referred Client

The Power of Small: Making Commitments

Behavior therapists have long taught that small commitments can become building blocks for larger, more important ones. If your client is unwilling to make Commitment X, try dividing it into segments until you reach a point where he or she is starting to agree.

Counselor: Says here the Court wants you to attend at least three meetings a week.

Client (frustrated): I already told my PO I can't do it. I'm planning to go back to school. Get my degree. I'll probably end up working in the evenings. I won't have time. I can't promise.

Counselor: I can understand that. But when do you start school?

Client (thinks): September. That's when they start, right? I still have to enroll.

Counselor: So a month, six weeks from now, depending on the start date. Suppose you go to the three meetings until you start school, then we take a look at how things are going and see if we need to change your schedule?

Client: But suppose I get a job? All I'm qualified for is restaurant work. That's mostly evenings.

Counselor: Okay. But it's only Tuesday. You think you'll be starting work this week?

Client: No. I have too much other stuff to do. Possibly next week. I just don't know.

Counselor: I understand. Why don't we take it one week at a time? You go to three meetings between now and next Monday. Then if you get a job on evenings, we adjust. But if for some reason your job hasn't started yet, we do another week of three meetings. Revisit it weekly until your schedule gets more permanent.

Client: But what about when school starts?

Counselor: Same deal – we revisit it when you find out your schedule. So can I put you down for three meetings this week?

Client: I guess so.

Counselor: I have a meeting schedule right here. We can pick them now.



Some of the most effective commitments are the ones made in public. That's why charities ask donors to sign pledge cards or allow their names to be posted on an honor roll. It's not just for recognition. People who make public promises are more likely to follow through on them.

I sometimes wonder if that wasn't a secondary benefit to the 12 Step practice of announcing your alcoholism along with your name when you stand up to speak at meetings. Reminding yourself, in front of others, why you're there.

You can approximate that experience by asking your client to make a commitment in front of a counseling group. Or failing that, in writing. It may feel a bit contrived, but it works. The overall rate of compliance should increase.

Summary

It's not just *what* you present to your client – it's *how* you present it. By following a few simple rules, you get better results. It's not a perfect system, by any means. But it should improve outcomes.

Next:

Part Five: Maintaining Motivation



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.