

By Chandler Scott McMillin

## Part One: Introduction to Leverage

**A**ssume for a moment that you're dealing with an alcoholic or addict who doesn't want to be in treatment and is only there because the Court mandates it. A Court mandate is enough to motivate minimal compliance, but not much more.

How can you improve the outcome of counseling? By treating your relationship as a *negotiation in progress*—one where you need to develop **leverage** that can be used at key points along the way.

Leverage simply means the ability to influence someone to look favorably on you and the position you represent. Leverage can be *positive*, based on providing something the client wants, or *negative*, meaning rooted in your ability to impose consequences. The more leverage we're able to develop, the better chance we have of obtaining a desired outcome with a reluctant offender.

This is true regardless of therapeutic approach—cognitive-behavioral, expressive, what have you. We still need leverage to help our ambivalent and sometimes confused client past the inevitable rough spots in early recovery.

Let's start with the initial session – using that conversation to develop leverage with a new client.

### Step One: Fact-finding

In the context of orientation and assessment, we make sure to explore two innocent-sounding queries. First, we ask the client to explain why he or she is in treatment, here and now. Second, we want to explore what he or she expects to gain by being in treatment.

We already know the obvious answers – A) because somebody made him come, and B) in order to satisfy their requirements -- but the expanded answers will teach us a lot about:

1. Current stage of change— precontemplation, contemplation, relapse, et al.
2. Level of hostility or resentment about having to be here
3. Psychological defenses that we're likely to encounter



### Case Illustration

*Brenda is 25, an exotic dancer with a history of polysubstance use and problems with the law beginning in her mid-teens. She's done two short stretches in jail and is currently on two years probation. She has held several 'straight' jobs but quits or is fired after a few weeks. She has been in residential programs three times and obtained a GED at one. She describes herself as 'smart but lazy'. Brenda has a pattern of destructive relationships with dealers who she helps support in return for drugs. She's been a victim of domestic violence. After the earlier treatments, she quickly returned to drug use because, she says, she feels 'overwhelmed'.*

Let's listen in on the later moments of Brenda's initial interview with her new counselor:

**Counselor:** "One more question—in a sentence, why are you here?"

**Brenda (thinks):** "Well, like I said, I want to get my life together. Is that what you're looking for?"

**Counselor:** "Let me put it another way: why do you want to get your life together?"

**Brenda (has to stop and think):** "That's a dumb question. Everybody does."

**Counselor:** "Yes, but most people have specific goals. They want to have a career. Get a degree. Start a family. Get a place to live."

**Brenda:** "I want all that stuff. But before you can have that, you have to get your life together."

**Counselor:** "Do you?"

**Brenda:** "Well, sure. I mean, if you don't have your shit together, you can't do much, can you?"

# Using Leverage in Counseling the Court-Referred Client

This brief interaction teaches us two things about Brenda at the start of yet another treatment episode:

- » She doesn't have specific goals for her life, or for treatment (despite it being her fourth episode).
- » She's unrealistic in her approach to life, with a naïve faith in a state of being known as 'having it together' that makes everything else fall into place.

A few minutes later, Brenda brings up another important consideration: her history of treatment failure:

**Brenda:** "I could have gone to jail, I suppose. I can do a little time standing on my head. But my PO knows I'm trying. I didn't have money for a fancy rehab. This was all I could get. No reflection on you."

But it is a reflection on the counselor. The clear message: Brenda has no faith in recovery. Treatment hasn't worked. What makes this attempt different from the others?

Brenda's not overtly hostile to counseling, but neither does she have any real investment in it. In that sense, she's 'treatment-wise'—better prepared for failure than success.

## Step Two: Identify leverage factors

In every situation, certain factors are working for and against treatment goals. Our aim is to maximize those that work for us, and minimize those that work against us.

In a counseling relationship, leverage usually emerges from four places:

- » Necessity (What does the client need from us?)
- » Desire (What does the client want from us?)
- » Options (the 'escape hatches' that allow the client to avoid responsibilities), and
- » Timing (deadlines or time constraints that create pressure.)

## Outcome-Influencing Factors

For Success	Against Success
Brenda doesn't want to go to jail	She doesn't fear jail very much
She's intelligent and aware of her circumstances	She's not very realistic in her approach to recovery
	She has a long history of relapse
	She lacks confidence in counseling and figures it probably won't work.
	If she returns to stripping—which is easier and pays better than other work opportunities—she's likely to relapse
	She lacks a number of resources or skills for autonomous living

A summary of the factors working for and against our targeted outcome

Start with the obvious: Brenda 'needs' and 'wants' a letter to the Court that helps her avoid jail. But after talking with her, it doesn't seem she needs it all that much.

**Brenda:** "I don't think my PO would violate me. She knows I'm a good person and that I'm trying. She knows I don't belong there" [jail].

Brenda's belief that she can escape this particular consequence is a warning signal for relapse.

It's fair to say the situation is tipped strongly in favor of failure. Let's just acknowledge that and move on to the next question: What can we do to tip the scale the other way, towards success?

## Step Three: Establish credibility

More than anything else, a counselor needs credibility to have much of an impact on a client like Brenda. Some ways we might increase (and decrease) credibility with clients:

- » Show we have a particular expertise, knowledge, or power that she needs/ wants
- » Be especially forceful or impressive in our presentation
- » Show that we have reason and logic on our side
- » Represent authority more effectively than her current probation officer

Conversely, we know we'll undermine our own credibility with Brenda if we:

- » Show ourselves to be unreliable (make promises we don't keep)
- » Show that we lack expertise in important areas
- » Appear uncertain of our role or easy to manipulate
- » Make requests or demands that are outside accepted norms
- » Appear 'unreasonable' – petty, or overly rigid, or as if we have a hidden agenda.

## Using Leverage in Counseling the Court-Referred Client

One of the quickest ways to increase credibility is to surpass their expectations. For instance, at session's end:

**Counselor:** Before we finish – I'd like to ask if there's anything I can do for you now?

**Brenda** (surprised): Like what?

**Counselor:** Well, something that would help you with the Court.

**Brenda:** Gee, that's nice of you. But like I said, my PO Gail and I have a really good working relationship.

**Counselor:** Sure. She has to give the Court proof that you're in treatment, right? In writing. Suppose I sent her a letter to the Court that you've enrolled and are in good standing with us?

**Brenda** (pleased): Yeah, that would be good.

**Counselor:** I'll do it. And don't worry, when you've completed treatment successfully, we'll send another one talking about all the good progress you've made.

**Brenda:** Thanks! That's really nice of you.

**Counselor:** I believe you should get credit for hard work.

Here's what this interaction was intended to accomplish:

1. The counselor demonstrates his good will in a tangible way—he's not the enemy.
2. He subtly reminds her that the Court will track her progress – or lack of it.
3. He introduces the idea of a 'scorecard' – a second report to be delivered at the end of treatment – that will include his input.
4. He advances the idea that Brenda will get credit for what she achieves, not what she promises to do.

It's the beginning of a work relationship –important with somebody who is too accustomed to sitting back and waiting for others to take the lead in her life.

---

**In every situation, certain factors are working for and against treatment goals. Our aim is to maximize those that work for us, and minimize those that work against us.**

---

### Step Four: Know the client's agenda

Every offender enters counseling with an agenda of his own—obvious or hidden, and often a combination of the two. Try asking yourself: in my client's view, *what is the best of all possible outcomes?*

Brenda's left many clues.

**Counselor:** *What do you expect to happen here?*

**Brenda:** *I guess that I'll get help.*

**Counselor:** *Nothing more specific than that?*

**Brenda:** *Not that I can think of.*

Like a lot of addicts, Brenda hopes for something or someone that can fix her—magically. But you, as a trained professional, know such a fix doesn't exist. You can provide knowledge, insight, advice and support, but the real action has to be Brenda's.

It may be that Brenda's unreasonable expectation plays a big part in her previous failures.

### Step Five: Set your fixed, firm, and flexible boundaries

The counseling process benefits from clear boundaries that protect the work of treatment. Where possible, we want to establish them up front.

Some areas where it helps to establish boundaries early are:

- » Frequency of drug testing
- » Attendance at sessions
- » Expectations about participation in counseling (active or passive, 12 step attendance)
- » Completion of treatment work (reading, writing, journaling, sponsorship, etc.)

This isn't just a matter of setting down expectations in a client handbook. More often, it requires some negotiation. Let's watch the counselor at work with Brenda.

**Counselor:** You're going to be in treatment with us for six months. It's required that you have no more than two consecutive unexcused absences from sessions during that period.

**Brenda:** OK, but what about if I just forget to call you or something? I had this problem with my last treatment. I think I have short-term memory loss.

# Using Leverage in Counseling the Court-Referred Client

**Counselor:** Sorry, no bend on that one. The program requires it. If you miss a third, they send a letter to the Court.

**Brenda:** So I could explain it to my PO, right?

**Counselor:** Well, you could be discharged from the program. You'd have to apply for readmission, and that would mean at least a month waiting. Better think of another approach.

**Brenda (thinking):** But if I call ahead, can we make some alternative arrangements?

**Counselor:** Sure. Usually a make-up session.

**Brenda:** Or maybe an extra NA meeting, or write in my journal, or something like that?

**Counselor (shakes head):** We might accept an NA meeting if you had a slip signed. But nothing less, I'm afraid. I wouldn't try us on that boundary, Brenda.

**Brenda:** You don't believe in journaling?

**Counselor:** You can keep your journal and share it with the group. But it doesn't count for missed sessions.

The counselor has laid the groundwork for how missed sessions will be handled in the future. Brenda immediately wants to negotiate.

**Brenda:** I forgot, I can't make it Thursday. There's a birthday party for a close friend and I have to go.

**Counselor:** Why don't you come in Thursday night instead?

**Brenda:** I can't, I have school that night.

**Counselor:** It's too early to be missing sessions.

**Brenda:** I know. But it's really, really important to me. Please?

**Counselor:** There will be people from your old job at the strip club at that party, right?

**Brenda:** Probably not. My friend doesn't work there.

**Counselor (considers it):** Let's compromise. You make up a session earlier in the week. Friday morning, you take a drug test. You come by and we'll get a sample.

**Brenda:** Okay.

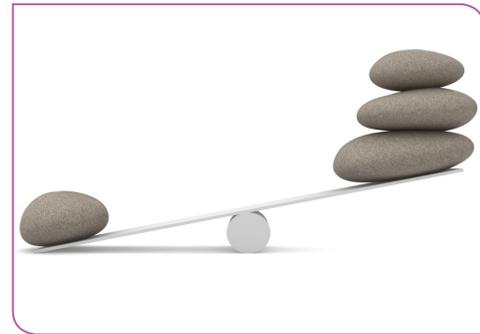
**Counselor:** If you don't get the drug test Friday, I'm counting it as a relapse and suspending you from the program.

**Brenda:** What? But I haven't even had two unexcused absences!

**Counselor:** No, but because I know where you will have been, I'll assume you were using drugs and go ahead and notify your PO. Take the deal?

**Brenda:** Guess I have to.

The counselor's flexibility on some issues actually enhances the impression of firmness on others. Overall, the process helps establish the counselor as 'in charge'.



## Step Six: Make trades

The beating heart of negotiation isn't compromise – it's trading. You trade in order to create a 'win-win' situation for both parties. Win-win relationships being the sort that produce good outcomes.

It's OK to trade with your client for something he wants or needs. It's OK, too, to get the 'better' of the deal, as long as your client gets to feel he won something of value, too.

To illustrate, let's skip ahead a few weeks, to a pivotal point in treatment. Brenda's parents have made a sudden and surprising decision that she needs to move out of their home, immediately. Panicking, she comes up with the idea of sharing an apartment with another client who's also very new in treatment. The counselor doesn't think this is a good idea.

**Counselor:** I don't think it would be good for either of you.

**Brenda:** But she's doing really well.

**Counselor:** So are you. We want to keep it that way.

**Brenda:** Well, where else can I live?

**Counselor:** There are a couple of options. You can go to a halfway house.

## Using Leverage in Counseling the Court-Referred Client

**Brenda:** I don't want to go to a halfway house. I hate halfway houses.

**Counselor:** You could get an apartment with a woman farther along in recovery.

**Brenda:** I don't want that, either.

**Counselor:** Then have you tried to talk your parents into letting you stay another month or two?

**Brenda:** I don't think I could. They're still pretty pissed.

**Counselor:** Maybe I could help.

**Brenda:** You mean, you could talk to them?

**Counselor:** Sure. I'm not sure why they changed their mind after letting you move in a little while back.

**Brenda:** That's the way they are.

**Counselor** (thinks): Maybe. But say I talked them into giving you another chance, and for some reason it doesn't work out – a month or two down the line, they ask you to move again. Would you agree to go to a halfway house?

**Brenda:** I don't want to go to a halfway house.

**Counselor:** I hear you. But just say it doesn't work out with your parents – hypothetically – would you go to the halfway house anyway? For a couple months, at least?

**Brenda:** Well....

**Counselor:** I'd find you a really good one.

**Brenda:** With a pool?

**Counselor:** It's March.

**Brenda:** Oh yeah. OK, it's a deal.

The counselor uses the situation to set up a simple contingency contract. First, we do it your way. If that doesn't work, then we agree to try mine.

Brenda feels like she won. Yet the counselor has increased his leverage for their next negotiation (which will probably occur after her next relapse).

### Step Seven: Be judicious in using leverage

Leverage isn't a hammer; it's a lever. With the right leverage and a little effort, you can move mountains. Have a clear goal in mind at all times.

#### Summary

We've only begun to discuss the uses of leverage. But a counselor who can develop and use leverage will be better able to help a client over the 'rough spots' that inevitably occur when you work with offenders.

#### Next:

### Part Two: Establishing 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.*