Words Matter: Terminology that Inhibits Successful Outcomes and What to Say if in a Court Team, Law Enforcement or Treatment

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A. Three Aspects of the Therapeutic Alliance

(Miller, William R; Rollnick, Stephen (2013): "Motivational Interviewing - Helping People Change" Third Edition, New York, NY. Guilford Press.p. 39):

(a)

(b)

(c)

B. Development of the Alliance is the Highest Priority in the Opening Phases of Therapy

In the last thirty years there have been over 2,000 research publications and papers on the concept of the alliance. Here are some of the conclusions about developing the alliance that can help in your therapeutic practice with clients:

- **Develop a strong alliance early in treatment** – "Early" is relative to the length of therapy. But there is a convergence of evidence that points to sessions 3 to 5 as a critical window. In some ways this is not surprising if you have ever gone to therapy yourself. Would you likely go back to a therapist who you didn't feel was helping; and whose methods and fit with your style seemed ineffective? Would you really be interested in hanging in for five or more sessions? Of course if you have excellent retention rates, then you can ignore this point as you must be doing this well already.

- **The client's experience of being understood, supported, and provided with a sense of hope** is linked with the strength of the alliance in early stages of therapy – clinicians need to be curious about the client's perception of what you are doing to generate empathy, support and hope. The client's interpretation of what you do, especially early on in treatment, can be quite different from what you intended. Message sent may not be the same as message received. Just because you think you are great at engaging people doesn't mean that the client experiences it that way at this point in time with you. In other words, you may be a great clinician, but not necessarily for this particular individual at this time, doing the kind of work you do, which leads to the next conclusion.

- **Progressively negotiate the quality of the relationship** as an important and urgent challenge – You can anticipate that your initial assessment of the client's relational capacities, style, preferences and quality of the alliance may differ from the client's. It is the client's perception of the alliance that is most influential, not yours. If they feel no hope or confidence in what you have to offer, they are the ones who stop coming to treatment either physically and/or energetically (if mandated or incarcerated). Thus it is important to specifically check out their perceptions on whether the relationship in treatment is working for them or not.

- **Techniques and models contribute less to outcome in early stages** of treatment than the quality of the alliance -The alliance should be forged first. This includes a collaborative agreement about the goals of treatment and the important strategies to be used as part of the therapeutic work. Only then can various models and techniques be usefully implemented

The bottom line: Developing a good working alliance with the client is not just a nebulous, generic nice thing to work on over weeks and months. It is a specific, early, clinical priority to evaluate and measure.

Reference:
"Psychotherapy Relationships That Work – Therapist Contributions and Responsiveness to Patients" (2002) Ed. John C. Norcross. Oxford University Press, New York. pp 11-14.
Horvath AO, Bedi RP (2002): "The Alliance" in "Psychotherapy Relationships That Work – Therapist Contributions and Responsiveness to Patients" (2002) Ed. John C. Norcross. Oxford University Press, New York. pp 37-69.

C. **Engagement and Attracting People into Recovery**

(a) "Resistant"

* Resistance is often perceived as pathology within the person, rather than an interactive process; or even a phenomenon induced and produced by the clinician
* "Resistance" may be as much a problem with knowledge, skills and attitudes of clinicians as it is a "client" problem

(b) "Unmotivated" or "Not ready"

* All people are "motivated" and "ready" if they are talking to you. But what they are motivated and ready for may not be what you think they should be motivated and ready for.
* That is your problem not their problem. We make it their problem and then call them names like "resistant", "unmotivated", "help rejecting", "oppositional", "self will run riot", "stinking thinking".

(c) "Treatment compliance" versus "treatment adherence" – In the literature, significant parts of the rest of healthcare have been using "adherence" long before the mental health and addiction treatment field has had their consciousness raised to the implications of using "compliance" versus "adherence" terminology. In this age of empowerment and collaborative service planning, it is not for the expert counselor and professional to develop a plan with which the client must comply. It isn't for the physician to prescribe the medication with which the patient must demonstrate medication compliance.

Webster's Dictionary defines "comply" as follows: to act in accordance with another's wishes, or with rules and regulations. It defines "adhere": to cling, cleave (to be steadfast, hold fast), stick fast.

(d) "Clean/dirty urines" versus "negative/positive urines" – Even though we have positive associations to being "clean and sober", consider whether using "dirty" instead of "negative" urine drug screen results only adds to the stigma of drug users as being dirty. Stick with positive and negative results rather than dirty and clean urines.

D. **When people are not skilled at getting their needs met, don't call them names**

"Manipulative", attention-seeking" flow easily from the tongue. But reframing the person's behavior as unskilled attempts to get their needs met, you can be empathic and help them develop more effective ways to get their needs.

(a) "Manipulative"

- If you are skilled at asking for what you want and persuading people to meet your needs and collaborate and cooperate with you, we call you "assertive", or an effective leader", or "a person of influence". But if you are not skillful in asking for what you want; try to get what you want from one person and then if that doesn't work, attempt to get someone else to meet your need, we call you "manipulative" especially if you go about it in an annoying persistent manner.

(b) "Attention seeking"

* We all have the need for attention to some extent. Nobody wakes up every day and says to themselves: "I hope no-one notices I am around, ignores me and treats me as if I am a nobody." So if you are skilled at getting noticed, respected and do that in ways that contribute positively to others' lives, we call you a "celebrity" or "movie or rock star" or "politician" or "trainer and consultant"!

* If you are not skilled at getting noticed and regarded and go about seeking that in annoying, intrusive ways, then now you are "attention seeking". Such people are crying out to be respected and taken seriously, but need skills training on how to get those needs met effectively, instead of calling them names and rejecting them.

E. **Person-first Language**

(a) John F. Kelly conducted an experiment that "randomized more than 500 doctoral-level clinicians to receive a vignette describing an individual involved in a drug court situation, who was supposed to maintain abstinence but had used alcohol/drugs and was caught and was about to face the judge again. The vignette was identical except in half of the vignettes, the individual in violation of the court mandate was described as a "substance abuser" and, in the other half, he was described as "having a substance use disorder"; otherwise no difference. These well educated clinicians, many of whom were addiction specialists, viewed the person described as a "substance abuser" significantly more punitively, as having greater personal responsibility and being more to blame for his problems, and as less deserving of treatment." (White, 2013; Kelly, Dow & Westerhoff, 2010).

(b) Granello and Gibbs studied undergraduate students, adults in a community sample, and professional counselors and counselors-in-training. They used an instrument that measured people's attitudes towards individuals with diagnosable mental illness. What they found was that when individuals were described as "mentally ill" this evoked attitudes of authoritarianism (treating people as if needing more control and discipline); social restrictiveness (needing to be more isolated from the rest of the community); and less benevolence (less sympathetic, kind feelings and less willing to be personally involved with the individual). In contrast, when the instrument described individuals as "people with mental illness", there was increased tolerance, benevolence and acceptance of people as being part of the community needing help and assistance rather than control and isolation from others. (Granello & Gibbs, 2016).

F. **What is to Say to Engage People**

"Thank-you for choosing to come to treatment."

"I didn't choose you. They made me come."

"What would happen if you hadn't come today?"

"I'd do more time, or won't get off probation."

"Would that be OK with you if that happened?"

"Hell no, that's why I'm here."

"Well then thank-you for choosing to work with me so I can help you do less time or get off probation."

G. **What to Say to Orient Participants**

"Thank-you for choosing to enter join Drug Court. The reason you have been given the opportunity to get treatment rather than be incarcerated is that you have addiction that is related to your charges. We believe that if you get addiction treatment and establish recovery, this will not only be good for your life, but society will benefit from increased public safety, decreased crime and spending resources on treatment rather than incarceration, which is much more expensive.

But you are accountable for doing treatment, not time; for working on changing your attitudes, thinking and behavior; not just complying with a program and graduating.

H. **What to Say to Check on Progress**

"Tell me about your treatment plan." (Pause to see what the participant says and monitor if they are working on anything in particular to improve functioning for public safety; or whether they are just "doing time" e.g., "I just have to be here and have another three months.")

"What you are working on to change your attitudes, thinking or behavior that has gotten you into trouble with crime, restricted your freedom and threatened public safety?"

I. **What to Say to Track Treatment Engagement**

"What would you like to do in this session or in group today to advance your treatment plan?" (Pause to see what the participant says and monitor if they are working on anything in particular to improve functioning for public safety; or whether they are just "doing time" e.g., "I just have to be here" Or "What do you want me to say?") What you would hope they would say is: "I don't have an anger problem, but I am trying to get off probation so I'm going to ask someone to role play with me an angry situation. Others would get into a fist-fight but not me. I have good anger management skills and am going to demonstrate to the group how to handle that in assertive but nonviolent way. You will note that down and let my PO know that I am doing well."

J. **What to Say to about Positive Drug Screens**

"In addiction treatment, it's not OK to use any unauthorized substance. But if this didn't happen and everyone had perfect control over using, they wouldn't have addiction and wouldn't need treatment. You can learn skills and use supports to never have to use again, so it is not inevitable that you will have a flare up and use.

But if it happens to you or anyone else in treatment with you, it is your responsibility for your safety and your fellow participants to immediately address any attitudes, thinking or behavior building up to any use substance use; or any actual use. Reach out to a team member just like you would if experiencing a heart attack. They will then work with you to find out what went wrong and how to improve your treatment plan to prevent another flare-up.

If substance use happens in a residential setting there will be a community meeting ASAP to help anyone who used with you. If you or anyone else is not interested in finding what went wrong and how to fix it, then anyone has the right to choose no further treatment and take the legal consequences of their criminal offense."

K. **What *not* to say to about Positive Drug Screens**

"In addiction treatment, it's not OK to use any unauthorized substance. You are mandated to be abstinent and if you use and it is found on a drug screen, you will be sanctioned and could be set back a phase in your treatment program. If it happens more than once, you could be incarcerated for a brief period and it may even be grounds for discharge from the drug court program.

In order to advance through the phases of the Drug Court program and eventually graduate, you must demonstrate full abstinence. If you do not, there are escalating sanctions, but there are also incentives for those who do stay abstinent."

"Now be honest, did you use or not?!!"

L. **What to Say in Individual, Group, or an Emergency Community Meeting**

"Please share what happened that led up to and triggered the substance use so we can figure out what went wrong and help you get back on track. If others used with you, please identify them so we can do the same process with them ASAP.

If you are willing to change your treatment plan and work on fixing the mistakes with commitment and effort in good faith, then treatment continues. If you are not interested in doing that, you have a right to choose no further treatment and be discharged from the program."

M. **What to Say to a Person who says they don't want to go to Alcoholics Anonymous**

It is not unusual for a client to object to having to attend AA or other such groups. Here is how to address such clients:

"There are AA meetings and groups that appeal to different members in different ways. If you haven't tried a number of different groups, it may be that just haven't yet found the meeting that works for you.

Now if you are saying you just don't want to go to AA for whatever reason, I don't want to push that on you. Maybe you have another self/mutual help group that works better for you. But before you give up on AA, let's discuss where else can you find a support group where:

1. You can have access to regular meetings every day and even more than once a day if you really need them – and all for free?
2. You can have a coach like an AA sponsor, who is ready to have you call them at all hours of the day and week if you really need them?
3. You can be with a whole group of people and have sober fun while there are temptations and triggers all around you on New Year's Eve, Mardi Gras, or St. Patrick's Day?
4. You can have many friends who have been exactly where you have been with addiction; understand what you are going through from deep personal experience; and will be there for you if you reach out?

Maybe you have a group like that at your church, synagogue, community of faith, or some other group. If you get support from that group with all the same effective features of what AA has to offer, then by all means embrace that group. This is about getting you the ongoing support and guidance you need to establish and maintain recovery and well being, not pushing AA on you."

REFERENCES AND RESOURCES

"A Technical Assistance Guide For Drug Court Judges on Drug Court Treatment Services" - Bureau of Justice Assistance Drug Court Technical Assistance Project. American University, School of Public Affairs, Justice Programs Office. Lead Authors: Jeffrey N. Kushner, MHRA, State Drug Court Coordinator, Montana Supreme Court; Roger H. Peters, Ph.D., University of South Florida; Caroline S. Cooper BJA Drug Court Technical Assistance Project. School of Public Affairs, American University. May 1, 2014.

Bureau of Justice Assistance (BJA) training video on The ASAM Criteria that can be viewed by creating an account and going to the Adult Drug Court Lessons. The system can be found at www.treatmentcourts.org and this video was initiated by Dennis Reilly at the Center for Court innovation.

Critical Treatment Issues Webinar Series, Bureau of Justice (BJA) Drug Court Technical Assistance Project at American University Feb. 10, 2016 – May 3, 2016 https://www.youtube.com/watch?v=AuUEP52z1Xkj

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Mee-Lee, David with Jennifer E. Harrison (2010): "Tips and Topics: Opening the Toolbox for Transforming Services and Systems". The Change Companies, Carson City, NV

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