

# Understand Special Motivational Counseling Considerations for Clients Mandated to Treatment

An increasing number of clients are mandated to treatment (i.e., ordered to attend) by an employer, an employee assistance program, or the criminal justice system. In such cases, failure to enter and remain in treatment may result in punishment or negative consequences (e.g., job loss, revocation of probation or parole, prosecution, imprisonment), often for a specified time or until satisfactory completion.

**Your challenge is to engage clients who are mandated to the treatment process.** Although many of these clients are at the Precontemplation stage, the temptation is to use Action stage interventions immediately that are not compatible with the client's motivation level. This can be counterproductive. Clients arrive with strong emotions because of the referral process and the consequences they will face if they do not succeed in changing a pattern of use they may not believe is problematic.

In addition, evidence shows that clients mandated to treatment tend to engage in a great deal of sustain talk, which is consistent with being in the Precontemplation stage and predicts negative substance use treatment outcomes (Apodaca et al., 2014; Moyers, Houck, Glynn, Hallgren, & Manuel, 2017). **An important motivational strategy with these clients is to lessen or "soften" sustain talk before trying to evoke change talk** (Moyers et al., 2017). (See Chapter 3 for strategies for responding to sustain talk that you can apply to clients who are mandated to treatment.)

Despite these obstacles, clients mandated to treatment have similar treatment outcomes as those who attend treatment voluntarily (Kiluk et al., 2015). If you use motivational counseling strategies appropriate to their stage in the SOC, they may become invested in the change process and benefit from the opportunity to consider the consequences of use and the possibility of change.

**You may have to spend your first session "decontaminating" the referral process.** Some counselors say explicitly, "I'm sorry you came through the door this way." Important principles to keep in mind are to:

- Honor the client's anger and sense of powerlessness.
- Avoid assumptions about the type of treatment needed.
- Make it clear that you will help the client explore what he or she perceives is needed and useful from your time together.

**When working with clients who are mandated to treatment, you are required to establish what information will be shared with the referring agency.** In addition, you should:

- Formalize the release of information with clients and the agency through a written consent for release of information that adheres to federal confidentiality regulations.
- Inform clients about what information (e.g., attendance, urine test results, treatment participation) will be released, and get their consent to share this information.
- Be sure clients understand which choices they have about the information to be released and which choices are not yours or theirs to make (e.g., information related to child abuse or neglect).
- Take into account the role of the clients' attorneys (if any) in releasing information.
- Clearly delineate different levels of permission.
- Be clear with clients about consequences they may experience from the referring agency if they do not participate in treatment as required. Motivational strategies to help maintain a collaborative working alliance with clients while presenting such consequences (Stinson & Clark, 2017) include:
  - Acknowledge clients' ambivalence about participating in counseling.
  - Differentiate your role from the authority of the referring agency (e.g., "I am here to help you make some decisions about how you might want to change, not to pressure you to change").
  - Describe the consequences of not participating in treatment in a neutral, nonjudgmental tone.
  - Avoid siding with clients or the referring agency about the fairness of possible consequences and punishments. Take a neutral stance.
  - Emphasize personal choice/responsibility (e.g., "It's up to you whether you participate in treatment").

Exhibit 4.3 provides an example of an initial conversation with a client who has been required to attend counseling as a condition of parole.

## EXHIBIT 4.3. An Opening Dialog With a Client Who Has Been Mandated to Treatment

This dialog illustrates the first meeting between a counselor and a client who is required to attend group counseling as a condition of parole. The counselor is seeking ways to affirm the client, to find incentives that matter to the client, to support the client in achieving his most important personal goals, and to help the client regain control by choosing to engage in treatment with an open mind.

The setting is an outpatient treatment program that accepts private and court-ordered referrals to a counseling group for people who use substances. The program uses a cognitive-behavioral approach. The primary interventional tool is rational behavior training. This is the first session between the counselor and the court-ordered probation client.

**Counselor:** Good morning. My name is Jeff. You must be Paul.

**Client:** Yep.

**Counselor:** Come on in, and sit wherever you're comfortable. I got some information from your probation officer, but what would really help me is to hear from you, Paul, a bit more about what's going on in your life, and how we might help. *(Open question in the form of a statement)*

**Client:** The biggest thing is this 4-year sentence hanging over me and this crap I have to do to stay out of prison.

**Counselor:** Well, again, Paul, it sounds like you're busy and you have a lot of pressures. *(Reflection)* But I wonder if there's something the program offers that you could use.

**Client:** What I need from you is to get that blasted probation officer off my back.

**Counselor:** I'm not exactly sure what you mean, Paul.

**Client:** What I mean is that, I'm already running all over the place to give urine samples and meet all the other conditions of probation, and now the court says I've got to do this treatment program to stay out of jail.

**Counselor:** I'm still a little confused. What is it that I can do that might help? *(Open question)*

**Client:** You can tell my probation officer I don't need to be here and that she should stay out of my business.

**Counselor:** I may be wrong, Paul, but as I understand it, that's not an option for either one of us. I want to support you so that you don't conflict with your probation officer. For you and her to be in an angry relationship seems a recipe for disaster. I get the sense from listening to you that you're really committed to yourself and to your family. *(Affirmation)* The last thing you want to do is to wind up in prison facing that 4-year sentence.

**Client:** You got that straight.

**Counselor:** So, it seems to me you've made some good choices so far. *(Reframe)*

**Client:** What do you mean?

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**Counselor:** Well, you could have just blown this whole appointment off, but you didn't. You made a series of choices that make it clear to me that you're committed to your family, yourself, your business, and for that matter your freedom. I can respect that commitment and would like to support you in honoring the choices you've already made. *(Affirmation and emphasizing personal autonomy)*

**Client:** Does that mean I'm not going to have to come to these classes?

**Counselor:** No, I don't have the power to make that kind of decision. However, you and I can work together to figure out how you might use this course to benefit you. *(Partnership)*

**Client:** I can't imagine getting anything out of sitting around with a bunch of drunks, talking about our feelings, and whining about all the bad things going on in our lives.

**Counselor:** You just don't seem like a whiner to me. And in any case, that's not what this group is about. What we really do is give people the opportunity to learn new skills and apply those skills in their daily lives to make their lives more enjoyable and meaningful. What you've already shown me today is that you can use some of those skills to support even further the good choices that you've already made. *(Affirmation)*

**Client:** That's just a bunch of shrink talk. I already told you, all I need is to get my probation officer off my back and live my life the way I want to live it.

**Counselor:** Completing this program is going to help you do that. I think from what you've already demonstrated that you'll do well in the group. I believe you can learn something that you can use in your daily life and perhaps teach some of the other people in the group as well. I am certainly willing to work with you to help you accomplish your goal in terms of meeting the requirements of probation. My suggestion is that you take it one group at a time and see how it goes. All I would ask of you is what, in a sense, you have already demonstrated, and that is the willingness to keep your mind open and keep your goals for life clearly in front of you. I see that you're committed to your family, you're committed to yourself, and you're committed to your freedom. I want to support all three of those goals. *(Affirmation)*

**Client:** Well, I guess I can do this group thing, at least for now. I'm still not sure what I'm going to get from sitting around with a bunch of other guys, telling stories, but I'm willing to give it a try.

**Counselor:** That sounds reasonable and like another good choice to me, Paul. *(Affirmation)* Let me give you a handbook that will tell you a little bit more about the group, and I'll see you tomorrow night at 6:30 at this office for our first group. It's been nice to meet you. I look forward to getting to know you better.

**Client:** I'll see you tomorrow night. You know, this wasn't as bad as I thought it would be.

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Although this counseling scenario relies primarily on cognitive–behavioral therapy strategies, the counselor engages the client in the spirit of MI by emphasizing partnership and acceptance of the client. The counselor also uses affirmations and maintains a nonjudgmental, neutral tone throughout the conversation, emphasizing the client’s autonomy and values. This approach is consistent with an effective way to engage a client in Precontemplation who has been mandated to treatment.

## Conclusion

The first step in working with clients in the Precontemplation stage of the SOC is to develop rapport and establish a counseling alliance. The next step is to assess their readiness to change, then help them begin to develop an awareness that their use of substances is linked to problems in their lives. Motivational counseling strategies from motivational enhancement therapy (e.g., providing personalized feedback about assessment results) and MI (e.g., using reflective listening to engage, emphasizing personal choice and responsibility, exploring discrepancy) are suited to helping clients move from Precontemplation to Contemplation.