



## The Challenges of Working with Clients who are Primarily Externally Motivated

If you have experience, you are likely aware of the characteristics of a client who is primarily or completely externally motivated in treatment:

- The main reason help is being agreed to is to avoid consequences or to appease a loved one, employer, or the legal system or some other authority or person of importance
- There are often excuses, explanations, rationalizations, or contradictions with regard to the events that lead this person to seek help such as, for example:
  - “It was just bad luck that lead me here” (Often in spite of evidence to the contrary)\*
  - “I wouldn’t have to do this if it wasn’t for \_\_\_\_ (Excuse or other form of assigning blame)
  - “Everyone is blowing this out of proportion” (Minimizing)
  - This person’s verbal reports of substance use are contradictory. Client’s words indicating one thing, but drug test results, or collateral reports indicate something different.
  - Client’s words and actions indicate paradoxical and often conflicting pattern of denial, hypocrisy and/or deceit
- There are either clear, subtle, passive-aggressive or even hostile messages, such as:
  - “I don’t want to be here”
  - “I don’t want to do this”
  - “I don’t need this”
  - “I don’t belong here”
  - “None of this applies to me”
  - “I am not like these people”

\*On a relevant side note, it is important to note that on occasion, there are people who truly do not have a problem who get mandated to treatment due to unfortunate circumstances or due to an isolated episode of poor judgment. That is why in such cases seeking additional supportive evidence through drug testing and speaking to collateral sources such as family, spouses, legal representatives: (probation, parole, etc.), employers, etc., is necessary before making any final conclusions about someone’s truthfulness, sincerity or honesty. It is unethical and unfair to simply conclude that everyone who comes in for help with substance abuse definitively has a problem and therefore assume that he or she is automatically “in denial” if anything is said to the contrary by that client. It is true that it is more common for someone who has a true substance abuse issue to deny it due to lack of insight or to avoid having to stop using, however there are times when a person may actually be accurate when he or she says that there is not a problem. Seeking additional evidence through collateral reports and drug testing is critical for gaining more information when one is in doubt about a client’s verbal self-report. Treatment providers should refrain from making assumptive arbitrary decisions that can unfairly impact others’ lives.

There is a strange beauty, however, in working with an externally motivated client who is openly honest about the fact that he or she does not want to be in treatment. It can be refreshing, in sense, when a client looks you in the eye and says “I don’t want to be here, I just want to keep on getting high”. (Obviously there is nothing beautiful about the fact that the client wants to get high, in this example what is refreshing is that at least the client is being open with the counselor about how he/she feels rather than put up a false pretense.) Even though this is a challenging scenario, at least the client is being honest. When there is honesty there is some foundation for genuine and authentic discussion in treatment which can still be productive. Adolescents are often inclined to be brutally honest in this way more so than adults. An adolescent may, for example, brag in a group setting about how much he or she loves getting high then proceed to feel a sense of pride at how high their



THC level is on a urine drug test. By comparison for example, earlier in this book we discussed the example of a challenging adult in treatment who may spend an entire group session talking about how well he or she is doing, even giving others advice, followed by a positive urine which indicated that hidden drug use was going on the whole time. Some people prefer the former example of the honest and straightforward but rebellious adolescent client when compared with the outwardly cooperative but disingenuous adult client. Of course, these are just generalized examples for the sake of this discussion. In reality both adolescents and adults in treatment display a wide range of levels of honesty and sincerity in treatment and there can be a large degree of variance from person to person regardless of age. Going forward however, in this section we will focus specifically on the challenges of working with a client who is forced or coerced into treatment who chooses to try to “fake” his or her way through treatment through lies and deception.

### ***Dealing with Disingenuous, Dishonest and Deceptive Behavior in Treatment***

It can be a truly daunting situation to try to help a person who is primarily external motivated with limited or no insight and no internal motivation. It can be exponentially even more difficult when that person seeks help just to avoid consequences or to make others happy, yet this client feels the need to pretend to have insight or motivation that really is not there. This individual may feel that he/she will complete treatment quicker and appease others more easily by putting on a false display of self-awareness and internal motivation. This is the person who tries to put up a “false front” throughout the treatment process by telling others what he or she thinks that they want to hear.

In the “old days” of substance abuse treatment this was a very common scenario. Externally motivated clients who wanted to avoid consequences often may have felt the need to feign an interest and motivation for recovery and falsely portray insight into their issues. The reason for this deception years ago, was based on fear of discharge for a failure to show progress. Sadly in some programs today this situation still exists. In programs with a “*make progress or else!*” culture, some externally motivated clients have a vested interest in showing the counselors that help is wanted, but internally the real goal may be to just complete the program as soon as possible to alleviate pressure from outside sources like family or the legal system. In this kind of setting, if clients ever openly confess that they do not believe that they have a problem or that they do not want to change, then they run the risk of being labeled as “in denial” and viewed as noncompliant and worthy of discharge. For someone facing jail or other serious consequences, to be labeled noncompliant can be a very precarious situation. Therefore the road some clients in this situation choose to take is to act overly-compliant. This can involve making a strong pretense or false display of active engagement in the change process.

An externally motivated person who is pretending to have insight and internal motivation can pose a real challenge to any counselor working directly with that person. Think of the challenge faced when someone saying all the right things that you and everyone else wants to here, but meaning none of them. This style of behavior is often associated with individuals with personality and character disorders, whose first instinct may be to deceive or do whatever is necessary to avoid experiencing the consequences of their choices. Most seasoned addiction counselors who are reading this are all too familiar with this particular quandary.

*When it is not immediately obvious, what are some signs that we can look for to discern if someone we are working with is being disingenuous or deceiving?*



Clients who deceptively focus on telling their counselors what they want to hear may seem like some of the best people to work with at first. However over time, there are signs that reveal that an externally motivated person is being disingenuous or deceiving and that their seemingly compliant behavior is really part of an elaborate effort to put up a front that things are going much better than they really are. Some common signs that a person is not doing as well as they are reporting include:

1. Physical Cues – (*Particularly lack of eye contact*): For many this is common knowledge however it is always good to bring this topic up in order to remain cognizant of nonverbal cues when working with substance user/abusers, particularly those who are primarily externally motivated and lacking internal motivation. At times the “eye test” can be as good of an indicator as a lie detector. It is uncanny how often people who are lying about drug/alcohol use will look away, even for just a second, when asked directly about their use. Sometimes it is just a quick shift of the eyes to the side but often that is all it takes for someone to show that they are lying when asked a simple question like “Did you use since I last saw you?” The momentary look away of the eyes in itself is not proof but it is an indicator of possible deception. Because it is not proof, it makes sense to follow up with a simple and honest dialogue with the client about what looking away often means. We never want to use our suspicions as if they are actual evidence because every counselor gets it wrong now and then and it is not fair to incriminate someone based on suspicion alone as we have reviewed previously. It is okay, however, to respectfully inform a person whom we are working with that their lack of eye contact arose some general suspicion. While doing so, it is important to avoid accusations based simply on this alone because lack of eye contact is not proof, but it is a red flag for dishonesty. Hiding of one’s hands or covering of one’s mouth are also secondary physical cues of possible deception in addition to brief pauses or delays when answering questions. Later we will discuss the concept of being *respectfully suspicious*, which is the recommended manner in which a counselor can discuss suspicions openly and directly with clients, but in respectful, non-accusatory manner so as to generate open dialogue instead of defensiveness or arguments.

It must be noted, however, that some individuals are such so experienced and skilled at lying that they can maintain perfect eye contact even when speaking an untruth face to face. This is less common than one may think, as it only takes that one involuntary millisecond look away with the eyes to indicate a level of deception. Still, with nonverbals there are no absolutes so these cues should be treated as guidelines for more conversation as opposed to reasons for direct confrontation as illustrated in the example below:

Counselor – “So did you use anything since the last time you were here last week?”

Client – “No I haven’t touched any drugs at all!” – [*accompanied by extremely brief look away to break eye contact*]

Counselor – “That sounds great, but I have to tell you, you looked away for just a second when you answered me”

Client – “I did? I didn’t realize that”

Counselor – “Yeah it was a quick look away which doesn’t necessarily mean that you aren’t telling the truth but sometimes that can mean that someone is hiding something”

Client – “I am not hiding anything. I didn’t touch any drugs”



Counselor; “That’s great then, how about alcohol?”

Client: “Well, now that you mention it, I did drink once over the weekend...”

Again, this is just an example of how this can go if properly handled by the counselor but it does not necessarily mean that it will end up revealing the truth as it did in this example. Nevertheless, the proper approach by the counselor can pave the way to increase the likelihood of a more open, nonconfrontational conversation. This subject is reviewed again a few pages ahead when reviewing exactly what it means to be *respectfully suspicious*.

2. Inconsistency in Words and Deeds – (*Time will reveal the truth*) - A person who is being disingenuous or deceitful will eventually show this over time through inconsistencies in what they say and what they do. Some basic things to look for that may appear over time when working with a dubious externally motivated client in a treatment:

- *Advice is given, but not taken*- People who are insincere are often very good at talking about what is the right thing to do for others but when it comes to their own situation, agreement and cooperation with advice can be a completely different story.
- *Agreement is verbalized but not internalized* – When directions or suggestions are given, the disingenuous person may agree at first on a surface level, however quite often, reasons why it does not apply to them may soon follow. This is often referred to as the “yeah, but” mentality. For example, advice may be given with regard to how it is a good idea not to date a person who is using drugs when one is trying to stay clean. The “yeah, but” response in this case may be: “Yeah (that is a good point) but (this does not apply to me because) my girlfriend only drinks wine and I only drink hard liquor so it doesn’t bother me to hang out with her when she drinks”. Clearly this type of thinking on behalf of the client is based on an effort to shield oneself from responsibility to take action by making rationalizations.
- *Efforts to avoid drug testing* become evident or the person seems to only want to be tested on their terms (For instance only willing to be tested when they are “ready”)
- Most importantly - *Attitude and behavior remain the same despite supposed period of abstinence and progress*. It is a red flag when a person fails to make improvement in life areas that should naturally improve when drug use is reduced or stopped. For example, despite supposed progress, the person still has a large amount of interpersonal strife and conflict in their lives, or the person comes across as arrogant and irritable rather than developing an improved ability to cope with emotions and stress. Attitude change overall can be a long-term process that takes time, however there should be some noticeable differences in one’s attitude and demeanor after a period of progress has been made on treatment goals. It is a huge red flag when progress is not visible in this manner to some reasonable degree.

### **What to Do:**

First, the most important issue for anyone working with substance abusing people in any capacity is to make sure that you are not creating a threatening environment of “make progress or else” as discussed at the outset of this chapter. An atmosphere of honesty, genuineness, and open discussion, although not always pleasant and positive is still much better than an atmosphere of insincerity, hypocrisy and shame. In other words, it is better to work with someone who is forced into



treatment who then openly admits to having no desire to change than a person who says all the right things about change but means none of them. To some this information may seem rudimentary, however there are still programs doing it the old “comply or face discharge” way much to their clients disservice.

A good analogy can be seen when we look at is the concept of forced religious conversions. Throughout history, such as during the Crusades and the Spanish Inquisition, some people were placed in a situation where they either had to “convert” to Christianity or else face an agonizing death. Forced conversions have been attempted with other religions as well throughout history. When facing a forced religious conversion at the threat of death and torture, most people likely had one of two reactions. First, there are those who had so much conviction for their own beliefs that they chose to bravely face death rather than change or compromise their faith. The other option for those with less faith and conviction was to simply go through the motions and nominally join the new religion that was being forced upon them, not because of any actual change in their beliefs, but simply to avoid consequences. Again referring to the crusades, some individuals when given the choice of “accept Christianity or die”, responded outwardly, “OK I am a Christian” when inwardly there was little if any change in belief.

When a treatment center has a philosophy similar to the concept of “forced conversions” then clients mandated to those programs respond similarly as in the forced religious conversion example. If a treatment program’s philosophy is to discharge those who do not verbalize agreement with the “recovery” concepts being taught in that program then clients in that program must decide if they will comply quietly to avoid consequences or stick to their guns but face consequences of discharge, which for some individuals may mean going to jail. Some will decide that no matter what anyone says to them and no matter what the consequences are, they will not change against their will. More often, however, people facing potential negative consequences in a “change or else” scenario will just become good actors with regard to putting on an outward appearance that they have embraced treatment suggestions and put on a pretense of making changes in their life as suggested by their counselors when in inwardly there is little or no desire for lasting change.

Therefore, if a counselor wants to encourage sincere efforts toward positive lifestyle and attitude change in a treatment setting, the culture of the program has to be one that promotes honesty. “Honesty is the best policy” still applies even when the truth being told is not what is ideal or desirable from the standpoint of the program facilitators. There must be an environment that fosters honest discussion for there to be true progress and growth, regardless of whether that discussion is what people want to hear or not. The bad sounding truth is still better than a carefully conjured up, nice-sounding lie. For example, it is actually much better to have someone look you dead in the eye and tell you that they want to use again if they could get away with it, rather than have someone tell you how they feel that the never want to use again, but secretly plan to do so the moment you turn your back. In the first instance where there is honest discussion, the counselor at least knows what he or she is dealing with and therefore can adjust helping efforts and strategies accordingly. In the second instance, when a person is insincere due to restrictions on being honest in the counseling setting, then treatment can end up just being a waste of time due to the clients’ lack of genuine willingness to let others know what is really going on. In order to truly help our clients, it is important that we know where they truly stand, and for that to happen, honesty must be encouraged in the counseling environment.

Below are listed some “Do’s” and “Don’ts” for counselors for promoting honesty in treatment. The principles below will allow for those clients who are primarily externally motivated and resistant to



change to be able to share a little more openly and honestly about where they are with regard to their motivation, insight and overall progress:

### **Principles for Promoting Honesty in the Counseling Setting:**

1. *Treatment relationships must be person-centered and individualized.* – There is no room for “one size fits all” counseling agendas. Every person who is participating in some kind of treatment scenario needs to embrace the change process according to their own pace and level of self-awareness. Counselors should focus on guiding the change process rather than pushing someone through a prefabricated timetable of expectations based on a predetermined schedule. Arbitrary rules that are supposed to apply to everyone like “2 dirty urines and you are discharged” are ineffective because there is so much variation from person to person with regard to the how the change process unfolds specifically for each unique individual in his or her own unique circumstances. Not all dirty drug tests are the same as there must be a consideration to timing, substances used, the client’s reaction and the level of progress made up to that point. Client-centered treatment is a must at all phases of care. When clients know that their situation will be viewed on an individualized basis, this promotes honesty in treatment. Why? Because when clients are in an atmosphere where counselors are being reasonable, fair and conscientious about each person’s unique situation then that lowers the sense of fear of being open about mistakes, complications, conflicts and setbacks. In the spirit of harm reduction, clients need to feel comfortable being open about not only the positive changes they are making, but also the areas where they are not ready to change or areas where they may be struggling to advance. The counselor’s attitude and approach sets the tone for the counseling environment and being accepting and person-centered is the foundation for honest discussion in treatment

2. *Honesty should be embraced even when it is unpleasant* – A person should not be afraid to admit that they do not believe they have a problem. A person should be able to openly admit that they still think that they can control their use. If a person relapses, they should feel comfortable admitting it openly. Although there does come a time in treatment when a client must face consequences of relapse, consequences should not be the first and only line of defense for counselors responding to these situations. Especially early in treatment, a person who is still using should be able to freely discuss it rather than simply lie about it to avoid displeasing counseling staff. There does come a time when a person needs to be told, the next time that they use there will be adjustments made to their treatment, however people need to have an appropriate amount of time to work toward to that point. In the meantime, honesty is a positive even when what the person is being honest about is negative (such as the person self-disclosing ongoing use or relapse) It is always better to know the truth which therefore fosters discussion of what is truly going on in counseling sessions in order to determine the best course of action going forward

3. *A small amount of sincere and honest change is better than a large amount of calculated and coerced “progress”.* Remember, the Escalator method promotes the principle of starting with small amounts of change that is *real*, as opposed to pushing for expectations that are overly-lofty and *ideal*. In a general sense, this principle involves promoting honest discussion of even small amounts of actual change which is authentic instead of encouraging false displays of insincere change which are meaningless. Treatment settings that promote honesty embrace clients openly sharing about sincere strides and struggles as opposed to stimulating an environment of competition between clients to see who can put on the best showy display of self-improvement to garner staff approval.



4. *It is better to lean toward being trusting at the risk of being fooled once in a while as opposed to being overly skeptical and therefore frequently accusing and confronting clients falsely:* Earlier in this book we discussed how some people working with substance abusers as well as family members of substance abusers get caught up in “FBI Tactics”. We all know that lying and deceit are behaviors closely associated with substance abuse, therefore trust is almost always going to be an issue in substance abuse treatment. Still, it is a mistake to treat someone as if they are *automatically lying about everything* simply because they abuse substances. In the “old days” of substance abuse treatment there was an old joke that went something like:

Q- *How can you tell when an addict is lying?*

A – *When his lips are moving.*  
(Author Unknown)

This comes across as a clever little joke but at the same time the mentality behind this thinking promotes a faulty viewpoint with regard to working with substance abusers and those suffering from addiction. Yes it is true that lying is quite often part of the process associated with addiction and substance abuse, but regardless of that, there must be a clear pathway for trust to be built in the therapeutic process. It can become an adversarial relationship between the counselor and the client if the relationship is focused on the helper using coercive and mistrustful “FBI Tactics” to try to catch the client in lies. In that type of scenario, the substance abusing client simply tends to focus his or her efforts on trying to outsmart the counselor which can devolve into a dysfunctional game of hide and seek which does not make for a healthy relationship between helper who is being helped.

All too often, even the most seasoned, experienced drug counselor gets fooled by a client from time to time. That is just a basic reality of working with this challenging population. There is no shame in it because it happens to everyone on occasion. The upside of being more trusting is that when someone is sincerely trying to change, you avoid the risk of discouraging them or damaging your relationship with them through false accusations. Obviously as a counselor you do not want to be so trustful as to be naïve or enabling however neither should you be so mistrustful so as to be condescending or incredulous. Less motivated and less insightful clients enter into treatment usually mistrustful from the start because they do not believe there is a problem and they may therefore have a preconceived notion that others are falsely accusing them. If a real helping relationship is to be established and nurtured with this difficult population, then accusations and mistrust must be avoided and honest discussion should be encouraged and modeled as discussed in the next part below:

5. *When something does not seem right, it is better to be “**Respectfully Suspicious**” than to be overly confrontational:* To be “respectfully suspicious” when working with individuals who may be abusing substances involves three key points listed below:

1. It is advisable to let someone whom we are working with know that we are suspicious, when there is reasonable amount of tangible evidence to support the need to be suspicious. The counselor should use discernment when feeling suspicious based on hunches, instincts or feelings alone. Often first discussing this with a colleague or supervisor first may be helpful if no realistic evidence for suspicion is present. When suspicion is justifiable it should be discussed with the client, just in the right manner.
2. The manner in which any suspicion should be communicated with our client is to first and foremost always remain respectful and candid as opposed to being confrontational,



condescending or evasive. The client to whom we respectfully express our suspicions toward has the right to also respectfully cross-challenge our suspicions and to request an explanation for our reason(s) for being suspicious.

3. Power struggles are unproductive and should be avoided at all costs. Being respectfully suspicious involves approaching our clients on a more even plane, thus avoiding unnecessary and unproductive and often damaging power struggles and arguments.

A good way to explain this is through an example.

Situation: A person working with a teenage substance user/abuser receives a call from a parent reporting that they found a strange substance in the client's bedroom. After some research it is evident that this substance is used for cleaning one's system in order to pass a urine drug test.

#### Confrontational Approach –

Counselor – “So I found out that you have been cleaning out your system using some kind of substance for flushing yourself clean that your parents found in your bedroom”

Kid – “That's all a big misunderstanding, I had that stuff leftover from last spring when I was looking for a job and I needed to pass a drug test, but I am telling you that was months ago!”

Counselor – “Do you expect me to believe that? C'mon you know that is a lie. Are you trying to treat me like I am stupid or something or like I just crawled out from under a rock! Give me a break. We are going to get your parents in here and start discussing sending you away to inpatient rehab for a while because you cannot be trusted.”

Kid – “There's no way I am going to rehab over this – I didn't use! This is a bunch of garbage!”

Analysis – In this scenario, it is a distinct possibility that this young client is lying about flushing out his urines in order to pass his drug tests, however maybe there is still a minute chance that he is not lying, even if that seems far-fetched. What is more important to note is that the way the counselor approached the situation in this example created a much more mistrustful, adversarial situation with the kid than necessary. Maybe he is lying and he does need inpatient however due to the way the counselor approached the situation, there surely is going to be a fight to get him to go either way because of the adolescent's angry reaction to being accused. Many inpatient substance abuse programs won't even take a client if they is refusing to attend so this counselor may have an even bigger problem on his hands if the client really does need a higher level of care. Further honest discussion likely has been shut down due to the counselor's confrontational approach. Let's consider a better way to handle the same situation by being respectfully suspicious:

#### “Respectfully Suspicious” Approach- (Same scenario)

Counselor – “I just found out that your parent found some kind of substance in your bedroom for cleaning yourself out for a drug test.

Kid – “That's all a big misunderstanding, I had that stuff leftover from last spring when I was looking for a job and I needed to pass a drug test, but I am telling you that was months ago!”





Counselor – “I must tell you that I want to believe you but that sounds kind of suspicious under the circumstances. You realize I am a drug counselor and I hear similar kinds of excuses all the time. If you are telling the truth then that’s really good, but if you aren’t, it would be easier if we could discuss what really happened more openly”

Kid – “No I really am telling the truth, I know that seems suspicious but I am not lying this time”

Counselor – “OK, then, let’s just do this so that we can clear up any confusion, when I send your drug test to the laboratory from today I can request a more extensive adulteration test that will give us more information about what is going on with your drug tests in more detail to help clarify this whole issue, OK?”

Kid – “....OK...I guess....What happens if you find out that I have been flushing my system? Do you have to tell my parents? If I was caught does that mean I need to go inpatient?”

Analysis - Clearly, using the “respectfully suspicious” approach is much more effective than being confrontational in this situation. In this second example, the counselor utilizing the respectfully suspicious style to address the issue at hand is setting the stage for a more honest and interactive dialogue about what is really going on with this individual. A power struggle is thus avoided and the client feels less inclined to dig his heels in and stick to his guns in an attempt to argue at all costs. In the long run, it is much better to be able to work with people on an honest level than trying to behave as if we, as counselors, always know what the truth is and what is best for everyone at all times. Granted, with experience, counselors often do know more about what may constitute positive choices for those we help, but what good is being right if we have to try to force it on people. When most people feel like change is being forced on them, they often rebel. Therefore, while it is important to be able to address our concerns assertively and directly when we are suspicious, it is just as important able to respectfully guide our clients toward open and honest discussion without coercion or unnecessary contentiousness. This leads right into our next point:

6. *Once again, remember that “being right is overrated”* – These wise words which we have discussed earlier in this book, were once said to me personally a long time ago by a wise, older friend of mine and this experience has resonated as true in my life and my work as a counselor ever since. I was explaining to this wise old, friend about a recurring disagreement that I was having with someone whom I cared about. My stance in explaining my side of the disagreement was how “right” I knew that I was. In this ongoing disagreement, I found that no matter how much I tried to prove I was right, the more frustrated I felt. “Being right is overrated” I was told by my friend, and at first I heard that phrase and I didn’t like it. But the truth is that while being “right” is good, it is not the determining factor when it comes to trying to get someone else to reexamine their behavior. In reality, the more “right” we try to prove that we may be, the more that may end up eliciting an even stronger level of resistance from others in an interpersonal disagreement of viewpoints. Therefore, over-focusing on being right in a disagreement often ends up perpetuating the disagreement further and increasing the overall frustration level rather than building a bridge toward an interpersonal solution.

What is more important for counselor’s than simply knowing more, and having more experience, (and thus having the “right” viewpoint) is one’s ability to get others to re-examine their own viewpoints and begin to at least consider the other side. Again, having experience and knowledge is extremely helpful, however the skill set required with regard to guiding others to look at another viewpoint is extremely different than the lawyer-like ability to “prove” to others why our “expert” viewpoint is the correct one and why their opinion needs adjusting. Teaching and displaying empathy in the face of



resistance and disagreement often does a lot more to bridge the gap between two opposing viewpoints than contending to prove who is right. Therefore, as a counselor it is much more valuable to hone your skills and increase your level of patience and wisdom toward gently persuading others to consider and discuss different views, ideas, facts and opinions as opposed to focusing on butting heads with others who may dare to challenge your “expertise”

*7. If we want honesty when working with others we must model honesty ourselves* – In previous chapters, we discussed counselors who believe in using dishonest tricks to outsmart those who they are trying to help. In the short run, some of these tricks can be effective for manipulating an immediate desired result. However in the long run, being dishonest with our clients on any level can do irreversible damage to the helping relationship, as we have discussed repeatedly in this book. Lying to get results is akin to cheating on a test, for example. Just like cheating on a test, the immediate results can be good if one does not get caught. However if we get caught, then things are going to be much, much worse for us. In addition, sticking with the cheating analogy, when one cheats, they are not learning. Therefore, when a counselor “cheats” to get through a difficult situation with a client by lying, then no experience or knowledge of how to properly deal with that situation is gained for the future. A counselor using this dishonest approach is just learning to be a better liar rather than a better counselor. When one is caught lying, they lose credibility with that person. The helping relationship needs to be built on trust and the damage done by being caught in a lie can take an extremely long period to overcome, if at all. It simply does not pay to lie to those we are working with and it is a bad habit to get into.

Some counselors may reason that it is alright to lie or trick substance abusing clients because the clients lie themselves, so lying back to them is just fighting fire with fire. It is true that substance abuse is associated with lying behaviors, however our goal as helpers is to get our clients to learn not to lie. We want to promote honesty. Therefore, does it make sense to lie to those who we want to stop lying to us? It is much more effective to model the desired behavior that we want to be exhibited in those we are helping.

*Supplemental brief reading on honesty in substance abuse counseling:*

<http://takingtheescalator.blogspot.com/2016/08/the-subject-of-honesty-comes-up.html>

Taken from: [“The Tools of Engagement: Taking the Escalator Counselor Handbook \(2017\)”](#)



[www.takingtheescalator.com](http://www.takingtheescalator.com)