



Obstacles to Engagement

Below is a final review of some reasons why engagement has become an ever-increasing challenge for clients and counselors in today's world, particularly in the world of substance abuse and mental health treatment. The fact is that there are many obstacles we as counselors often face, particularly when working with challenging clients in substance abuse and mental health treatment. Let's review some of these obstacles:

Factors that can be obstacles to engagement and treatment:

Multiple Issues

Any substance abuse counselor who has been in the field for an extensive period can remember the concept of the "Straight CD" client, which refers to the individual who has "CD" (Chemical Dependency, aka Addiction) issues **only** with no mental health or other presenting problems. In the "old days" of substance abuse treatment, the Straight CD client was the norm as opposed to the exception. Nowadays the opposite is true. Clients entering treatment with substance use issues only and no coexisting mental health concerns has become less and less commonplace in the vast majority of treatment centers. The fact is that most people today entering treatment for substance use issues also present with coexisting mental health, emotional or other behavioral issues. When you factor in issues such as medical problems and other health concerns, the proportion of substance abusing clients with multiple issues increases even further. Therefore in the majority of cases, the presence of multiple issues adds several new dimensions to treatment that can make the engagement process much more challenging.

For example, a counselor helping someone with substance use issues only, can streamline his or her focus by displaying empathy and understanding focused around the substance use alone. When mental health and other multiple issues are added into the mix, the counselor needs a broader viewpoint and much wider knowledge base which would include understanding of a variety of mental health conditions. The counselor's ability to display empathy requires an expanded level of understanding and compassion for a multitude of issues which includes mental health in addition to substance abuse and often many other areas as well. Furthermore, when working with a client with multiple issues, there also needs to be an increased understanding how multiple types of issues interact and impact one another as they so often do. Clearly there is a much more involved when counselors are working on engaging clients with multiple issues in treatment.

The presence and increased prevalence of clients with multiple issues does not make engagement less possible, however it presents an increased challenge to the counselor who may need to draw upon a larger body of experience, education and training as well as an enhanced overall skill level. This obstacle to engagement is not insurmountable by any means but today's counselor's needs advanced skills and tools to engage the multi-issue client effectively on a regular basis.

Increased Availability of Substances (Illegal and Prescribed)





Substance abuse counseling has always been a challenge field as long as people have been getting high on various substances. However, nowadays, the challenge has only intensified with the increased availability of substances. Excluding alcohol, which has been accessible for centuries, access to many types of drugs has expanded exponentially with each passing year. There once was a day when someone had to go out of their way to go into the back alleys of the inner city in order to get drugs. Now, “hard” drugs like heroin and cocaine are either in every suburb in every town, or at least just a few miles drive away. Prescriptions drugs fill medicine cabinets across the world and marijuana use is surpassing cigarette use. In summary, easy access and availability to substances has increased the challenge for substance abuse counselors in their effort to persuade substance abusing clients to reduce or abstain from substance use. It is kind of like the struggle a personal fitness trainer might face in a world where there was a bakery and fast food drive through on every street corner. The substance abuse counselor’s job is not impossible but it has become much more difficult due to this challenge of multiple substances being so readily accessible.

For instance, the heroin epidemic facing many areas has been a game changer in treatment. Years ago when someone was an intravenous heroin user, the primary mode of care was residential treatment. Now in many areas, due to the amount of heroin users in combination with the limited availability of inpatient treatment beds has lead to an increase in the treatment of heroin users in outpatient and intensive outpatient (IOP) treatment settings. Treatment can and often is still successful at these lower levels outpatient of care, however there is simply a greater level of challenge involved for clinicians working in outpatient and IOP settings. For more information on this important topic:

[**Read: Heroin is a Game Changer**](#)

In addition, prescription medication issues can pose a real dilemma for substance abuse and mental health counselors. In the “old days” when abstinence was the only accepted goal, the thought of a client being prescribed a potentially addictive medication like a benzodiazepine or an opiate pain killer or marijuana was unheard of and considered unacceptable in substance abuse treatment. Today, people have increasingly come to the realization that although many individuals abuse prescriptions medications, there are individuals out there with legitimate medical or psychiatric reasons for being prescribed these medications. When someone has a legitimate pain management issue, for example, is it the counselor’s right to tell that person that he or she cannot take opioid pain medication? Consider a client in substance abuse treatment who has had multiple back surgeries or who has late stage cancer. A counselor may suggest alternatives for sober pain management for this client but ultimately when legitimate pain issues are medically diagnosed then a counselor alone cannot demand that a client in this condition simply stop taking their pain medication altogether. The same applies to someone with severe panic disorder who is prescribed benzos. Can the counselor tell this person to just “grin and bear it” through their panic attacks without their medication? It is one thing if a client is clearly abusing prescription anxiety medication claiming it is for anxiety but this can be a much different situation with a client who has a longstanding psychiatric history, including hospitalizations for debilitating PTSD or panic attacks. In many areas, where marijuana has been legalized for conditions like PTSD, the same situation also arises in substance abuse counseling. The main point is that with prescribed substances with addictive potential there is a lot more gray area involved which often does not include any easy answers. Counselors need to be discerning in these challenging situations while remaining client-centered for the purpose of engagement. This can indeed be quite a challenge.

Obviously the ideal situation is to work closely with doctors and psychiatrists and other health professionals to find alternate means for treatment for pain and anxiety but in some cases there are no alternatives that work. In some of cases there can be a lot of confusion, especially when a person may be displaying addictive behaviors toward the very medication which has been prescribed for a legitimate medical or psychiatric condition. These types of situations can be similar to treating someone with a food addiction. One wouldn’t (and couldn’t) ask someone with a food addiction to never to eat again. In the same sense, in many situations where prescription medication is involved and there are no viable effective alternatives, the counselor must use a client-centered approach by starting where the individual is at while creatively planning and strategizing



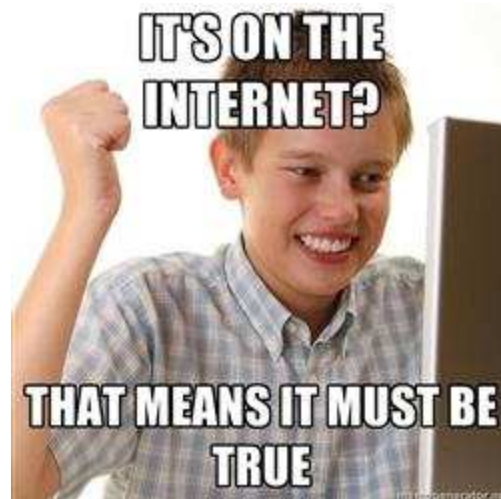
some kind of viable plan from there. Engaging the prescriber in this planning process is also extremely valuable whenever possible but there are no guarantees the prescriber will cooperate if it is a doctor outside of your agency. Nevertheless, it is recommended to always try to collaborate with the prescribing doctor where possible. Abstinence is clearly the ideal situation but so often realistically speaking, many factors prevent abstinence from being considered at least on an immediate basis. Counselors have to work with the situation as it is at hand but the amount complicated variables in these types of situations can present a lot of challenges to the process of engagement. Once again, engagement can be accomplished but the counselor often has a difficult road to carefully navigate with these clients in order to be successful.

A third, similar issue in this area is Medication Assisted Treatment (MAT). With the opioid and heroin explosion, MAT is a daily reality in the substance abuse treatment world. Once again, if a counselor has strong personal views against MAT, he or she must adjust these views or at least put them to the side in a client-centered environment where many addicted individuals are having success with MAT. If a counselor has an abstinence-only mindset this will be a barrier to engagement with most MAT prescribed clients. Open-mindedness to harm reduction is a key factor in all of these situations as rapport can start from a client-centered perspective with a follow up focus on steady incremental change from there. Often in a harm reduction environment, abstinence is placed on the back burner for a future discussion while immediately starting where the client is for the here and now and accepting their use of MAT as prescribed then moving forward from there. Engagement is possible but there are just many more variables requiring flexibility, adaptability and versatility on behalf of the clinician in this area.

Internet/Technology

If you think about the drastic changes in the way individuals communicate and get information over the past 5 to 10 years it is mind blowing. 20 or more years ago, in substance abuse treatment settings, the counselors were considered the experts and they controlled and disseminated information that most clients did not have access too. For example, decades ago it would not be uncommon in a treatment setting for a counselor to do a group focused on “the Dangers of ____ (Name any substance)”. Because information was less available to the public at that time, clients attending these educational groups could be influenced to change their mindset about getting high by learning about the harms associated with various substances that they previously may not have known about or understood. Nowadays, due to the open availability of information, (some accurate and some inaccurate and some even purely fictitious), clients in treatment have more of their own information than ever. In certain instances some clients have done so much research that they may know even more about certain drugs than the counselor. One example that many counselors can attest to is meeting a client who has an interest in prescription medication that has advanced to the knowledge level of an amateur pharmacist. Often some clients know so much that they can even be a source of information for the counselor in some of situations.

Another plot twist to this increase in information and how it affects the counseling process is the spread of inaccurate information. There are many people out there who have the following erroneous and dangerous viewpoint: “Since it’s on the internet, *it must be true!*” Dealing with both accurate and inaccurate information cleverly posted online can be quite a challenge because even when the counselor is sure that he or she is correct about something, it does not pay to get baited into arguing with our clients who may have been misinformed. Arguing and debate only serves to undermine the engagement process. Some clients come into treatment ready and armed for a debate. The point being made here is not about who is right or wrong when it comes to information, especially early in the treatment process when engagement is critical. Avoiding unnecessary arguing that can establish an adversarial stance between clients and counselors while engagement takes precedence. Particularly early in treatment, being “right” about a viewpoint is useless if it drives the client out of treatment.



In summary, the increased availability of information for our clients is not a bad thing, in fact the opposite is often true. True and accurate websites, facts and research studies can educate both clients and clinicians about what is needed to successfully manage and care for mental health and substance abuse struggles. However, this modern reality of available information, both accurate and inaccurate, has resulted in the need for some modifications with regard to how we as counselors approach the overall engagement process in treatment especially when it comes to education. An engaging counselor must often be ready to approach education with a view to being prepared and flexible for open minded discussion with our clients rather than taking the stance of “I am the expert and you need to be quiet and listen” approach which can be detrimental to rapport building in substance abuse and mental health treatment.

External Factors (Funding Sources, Insurance Companies, Government Regulations) –

In today’s substance abuse treatment environment, clinicians are so often forced to do more with less. Budget cuts, increased demands made by funding sources, expanding paperwork requirements and endless “red tape” has made it harder and harder for clinicians to focus on counseling. In some settings, there is so much paperwork that needs to be reviewed, completed and signed as a part of the initial admission process that engaging the client during the intake has figuratively become “Mission Impossible” as we reviewed earlier. This book specifically covered many of the skills needed to navigate the paperwork and red tape obstacles to successful client engagement in the Chapter 2 section: *Engagement in Early Treatment*

Unfortunately, the obstacles discussed here are not limited to the intake process. Throughout the course of treatment clinicians have to provide an increasing amount of attention to client records and maintaining regulations and requirements of funding sources that can get in the way of client care. This is not to say that regulations, record-keeping and oversight is unnecessary because there is a need for checks and balances to assure appropriate and high quality client care and fair allocation of funds. Nevertheless, in many areas of treatment the amount and intensity of oversight is bordering on unmanageable and has become an obstacle to client care. Most clinicians working in an agency setting know all about the work involved in getting insurance preauthorization’s, for example, which can result in a 45 minute phone call to obtain approval of less than a week’s worth of treatment at a time. These issues were addressed in this book not from a standpoint on how to change the system that a clinician may find him or herself working in but rather to instruct a clinician how to best manage the system to accentuate client care and successful engagement in spite of these external barriers.



Situational Factors Leading to Increased Case Management

There are situational factors that vary from region to region. Many of the following situational obstacles that clinicians face every day have increased in many areas. Consider a few specific issues that have become all too commonplace. These issues can increase the difficulty level for substance abuse counselors:

- *In many areas the legal system is overwhelmed.* The jails are often overfull, the courts are over-booked and overworked, and probation and parole officers often have more cases than they can successfully manage in a 40 hour work week. When the legal system resembles a sponge that is already saturated with water and cannot absorb more, then the overall system becomes a much less useful support for counselors working with clients involved with the legal system. For example, when a clinician calls a probation officer for support with a client who is struggling and the probation department is overwhelmed then the client often decreases his or her view of the legal system as a source of external motivation. Again, the point here is not to disparage the legal system because court officials, judges, probation and parole officers have a difficult job to do often with limited resources. Unfortunately however when the legal system is overstretched it is a matter of time before legally involved clients recognize that there is less pressure on them to do the right thing, thus making treatment a even greater challenge. A similar analogy would be a teacher trying to work with difficult students in a school setting where the principal and administrative staff were too busy themselves to enforce disciplinary rules needed to maintain a general sense of order in the classrooms.
- *Family Support may be harder to come by as the depth of family dysfunction has become more prevalent.* Fortunately the breakdown of the family has not affected every family. However, the depth and frequency of family problems that can affect someone's change process has increased on a large scale as a whole. Research shows that the prognosis for positive outcomes in treatment with substance use and mental health issues is greatly increased when there is a significant level of family support and involvement. It is often much easier for counselors when the family stays involved with their loved one throughout treatment by providing support, comfort and guidance, especially during difficult times. When the family system itself is dysfunctional, the dynamics in treatment can totally change, often for the worse. There are a multitude of issues plaguing families today which can indirectly or directly impact clients in treatment. To make matters even more complicated, it is not uncommon nowadays for family dysfunction and instability to go back more than one generation in time. For example, family history of issues such as mental illness, addiction, poverty, criminal activity, incarceration, gang involvement, abuse/neglect, etc., can be devastating when present in one's immediate family but even more adversely impactful when the level of dysfunction goes back into the history of grandparents and even great grandparents. This is not to say that someone from a dysfunctional family system cannot succeed in treatment because often many individuals overcome their struggles in spite of a lack of family stability. However, family dysfunction cannot be ignored as a key challenge for clinicians in our effort to engage and treat challenging clients in the change process.
- *Timing and Lack of Resources*– A frequently occurring problem associated with the world of substance abuse treatment in modern times, particularly in outpatient settings is the ongoing struggle for available



openings in residential treatment centers and detox centers. For example, it is common to be working with a client who cannot stop using and needs to go to detox or rehab. Often, it may take additional time working with this client if he or she does not want to go to detox or rehab despite needing a residential level of care. In these situations, it can be incredibly frustrating for both the counselor and the client when the client is finally ready and willing for detox or rehab but then there is a 4 to 8 week wait for a bed. Often what may follow is that when the rehab or detox bed finally becomes available weeks later the client may either be unwilling to go again or they may no longer meet criteria for admission as their using patterns and motivation changed with time. Waiting lists can be a nightmare when it comes to a counselor's effort to walk the tightrope between client's motivation, needs and the corresponding availability of resources to meet those needs.

Changing Attitudes –

The companion book: *Taking the Escalator: Express*, delves into the following areas in much greater detail, however from an engagement perspective it is again worth briefly noting how changing attitudes can increase the difficulty level for substance abuse counselors. The following descriptions of types of attitude changes are obviously not true for every individual however most people would agree there is an overall trend in these areas as a whole:

- *Gradual Decline in Respect for Authority and Decreased Overall Fear of Consequences* – There are still individuals left in the world who respect authority however as a general trend, many counselors will agree that their role has changed in this regard. Years ago, it may have been easier for a counselor to assume an “expert” role with most clients. Today however, simply having a degree or a license or a title is less likely to garner the more intrinsic respect that it may have in the past. A counselor with the right skills and approach can earn the respect of most clients however, many counselors can attest to the increased challenges involved with regard to an increasing amount of clients who are willing to push the limits with regard to rules, expectations, and boundaries. When implementing a client-centered, harm reduction approach, where clients have a lot more leeway before being discharged from treatment, there is often an increased need for strategies designed for managing more difficult clients who may tend to resist authority. Furthermore, many people still fear consequences. However also as a general trend, there is an expanding number of individuals in the world of substance abuse treatment who have less fear of consequences of substance use. The “Taking the Escalator” main text has a subheading entitled [“Jails Institutions or Death....So What!”](#) which describes this “fearless” attitude displayed by some of our clients who continue to use substances in the face of serious risks. Most people still want to avoid incarceration, hospitalization or risk of fatality however the prevailing fear of these consequences seems to have decreased overall with time. A client who is not afraid of consequences can clearly be a much more difficult client to manage and successfully engage in treatment.



- *Pro-Drug Propaganda* – With the increased utilization of harm reduction approaches there has been an increased understanding that not all drugs are the same as some are clearly more dangerous than others. With that said however, not all the information and “research” out there is credible when it comes to various substances and their effects on the body and mind. With the ongoing expansion of the internet, anyone



with a computer can post drug information on the web that some individuals will automatically deem as true. The increased availability of information is a positive thing overall, however unfortunately not all information out there is truly accurate and beneficial and some of our clients. As a result an increased obstacle to engagement in substance abuse treatment is often the proliferation of inaccurate information about drugs leading to false and at times harmful beliefs by substance abusing individuals in treatment. Often, the accurate idea that some substances are less harmful than others can erroneously devolve into the false assumption that some of these substances are then automatically good for you, for example. Fortunately, not everyone succumbs to the concept of “it’s on the internet so it must be true!” mindset but when someone clings to an inaccurate “pro-drug” piece of information it can be an extremely challenging obstacle in the treatment process which can stifle the insight building process that is so critical for progress.

- *Decrease in Hope, Spirituality and Purpose* – This trend is seen more often with the younger generation. Again, it is just a trend, not effecting every individual, however there seems to be a significant increase in individuals entering substance abuse and mental health treatment programs who may be lacking conviction toward a set of empowering beliefs and long term goals. Regardless of the specifics of one’s individual beliefs in something bigger and greater than themselves, the presence of a personal investment in some kind of greater purpose is often correlated with better treatment outcomes. This is often because a sense of purpose and hope associated with a strong belief system can be a strong motivational factor in the change process and can be enhance one’s endurance and resiliency during times of struggle and discouragement. To the contrary, a lack of belief, purpose and hope can leave one more susceptible to discouragement, apathy, or indifference especially when the going gets rough, which often occurs at various times in the change process. To consider an example of this in very simple terms, a factor as basic as unemployment can in itself lead to a spiritual void as people so often attach at least part of their sense of purpose in life to their career. In this regard then consider a young person struggling with addiction with little or no job opportunities or career prospects and a lack of hope that this will get better. That lack of hope can be crippling particularly from a motivational perspective. To the contrary the availability of a job with reasonable pay and satisfying work can make a huge positive impact in an individual’s sense of purpose during their change process. That is just one specific example displaying this the main point being that the trend toward a lack of belief, hope, and purpose in today’s world is a challenge and an obstacle often faced in the treatment process. Sadly, this challenge is more prevalent often with no easy answers or “quick fixes” thus increasing the difficulty level for substance abuse counselors.
- *More Risk and Safety Issues* – There have always been harms associated with substance abuse and addiction and there always will be. However, when considering some of the previous trends discussed above, the prevalence of risk factors often faced in treatment settings has increased. For example, the gradual upsurge in the availability of more dangerous substances, as well as the increases in pervasiveness of coexisting mental health issues, harmful factors such as overdoses, suicide attempts, and threats of violence have become a bitter reality in the day to day lives of substance abuse clients and counselors. With an increase in risk issues and risk behaviors, often a greater amount of counselor time and resources ends up being dedicated to risk prevention, risk management, crisis intervention, and follow up case management and coordination of care. Needless to say, the increased time and effort spent dealing with preventing and responding to client crisis situations often complicates the average counselors daily workload and can serve as a challenging obstacle to the overall provision of routine substance abuse and mental health services

This is an excerpt from the 2017 online publication:

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

www.takingtheescalator.com