



## For Counselors: Setbacks and Engagement

All counselors need to be prepared to appropriately address client setbacks in with engagement in view. Clients experiencing setbacks in their progress is so often part of the overall long term change process, particularly when dealing with substance abuse, but also with mental health and coexisting issues. Using the client-centered, motivationally-based principles of the Escalator method discussed thus far in this book in addition to implementing the various tools of engagement reviewed up to this point is also essential when helping our clients with setbacks. For example, when faced with helping a client with a setback, some tools and concepts discussed in this book to always keep in mind at all times are:

- **Facilitate the process of helping the client to open up honestly about the setback by being non-confrontational, nonjudgmental, and “respectfully suspicious” when needed.** – A counseling objective in this area involves using the tools of engagement to *create an non-threatening and healthy atmosphere and secure therapeutic relationship in which the client feels safe to freely share about the details of the setback occurrence*
- **Remember to address each setback in a client centered context using an empathetic, client-centered approach** – A counseling objective in this area involves using the tools of engagement to *ascertain the client’s unique viewpoint and perspective of the setback experience.*
- **Analyze, review and discuss setbacks in terms of motivation and insight** – A counseling objective in this area involves using the tools of engagement to *assess the client’s level of motivation and insight related to the setback process and then investigate the role that insight and motivation building will play with regard to helping our client identify what he or she needs to get back on the right track as soon as possible*
- **Serve as a source of patience, understanding, and hope in the face of the setback** – A counseling objective in this area involves using the tools of engagement to *do our best to help the client to avoid getting discouraged while focusing instead on moving forward and upward in a positive manner in spite of the setback.*
- **Help the client come up with a plan that he/she is invested in and believes in, that is focused on helping our client to appropriately address and cope with the setback and its aftermath (or consequences)** – A counseling objective in this area involves using the tools of engagement to identify and *plan what new skills, supports, and motivation/insight building exercises or referral linkages might be needed to help the client address the setback safely and effectively*

In summary if you have been reading and absorbing the Escalator methodology and tools of engagement discussed in this book up to this point, then as a counselor you have the foundation, skills, and approach needed for effectively addressing client setbacks in treatment. All of the counseling objectives above in *italics* can be addressed using the tools discussed and reviewed in this book as well as the companion book, [Taking the Escalator: Express \(2016\)](#) in addition to the [www.takingtheescalator.com](http://www.takingtheescalator.com) website. The Escalator website, tools page specifically has an array of counseling therapy tools for helping clients cope with setbacks, free for download and repeated use. To review, click the following link and scroll down to the *Escalator Sixth Floor: Managing and Avoiding Setbacks* -



[www.takingtheescalator.com/therapy-tools](http://www.takingtheescalator.com/therapy-tools)

The [Taking the Escalator: Express](#), 2016 text explains the key principles involved with understanding setbacks. The following information on setbacks is updated content from that publication:

### Understanding Setbacks vs. Relapse Using the Escalator Method

**Background:** At this point, just about everyone is familiar with the concept of **Relapse**:

- to slip back into a former state, practice, etc.
- to fall back into vice, wrongdoing, or error; backslide

Relapse is often seen as the antithesis of recovery. The most common example of a “relapse” occurs when someone uses substances again after a reasonable period of abstinence and progress. However there are often many more subtle mistakes, slip-ups, obstacles and problems that can come up along the way in the change process. Therefore it can be helpful to consider a broader, more inclusive term in addition to just relapse. That term is *setback*.

**Setback** – *an unfortunate happening that hinders or impedes; something that is thwarting or frustrating.*

A basic setback may be described by our clients in many different ways, for example, (to name a just a few) -

Mishap	Bad Break	Mistake	Difficulty	Impediment	Misfortune
Hazard	Miscue	Slowdown	Regression	Hardship	Predicament
Letdown	Frustration	Disturbance	Dilemma	Stumbling Block	
Slip-up	Bad Choice	Detour	Lapse	Misjudgment	

**Understanding Setbacks in the Change Process:** People regress toward negative behaviors for a variety of reasons, many of which cannot easily be considered to be a “relapse”. Referring to these periods of digression as *setbacks* takes into account the complex array of daily ups and downs most people experience when struggling to overcome a substance abuse or coexisting mental health issue. A situation that can be explained as a setback can include many types of situations. To understand this better, consider a few brief examples of setbacks in the change process:

**Review each of the following. Does the term “relapse” apply or is this better explained as a setback?**

- Tim is addicted to IV heroin shooting 20 bags per day but one day goes to detox and then stays drug free for 60 days. After he is back home, Tim’s old college buddy visits from out of town and Tim spends the weekend smoking marijuana with him but it does not go any further than that. Tim



realizes afterward that his counselor and family might not like what he did but he is open to being honest about it and discussing it further. *Relapse or Setback?*

- Linda suffers from depression and alcohol abuse. She is 6 months sober and doing great as she has not had a depressive episode in months. Suddenly, Linda's boyfriend leaves her and she experiences a return of depression. Linda tells you she is frequently thinking about going on an alcohol binge to escape the pain but she has not done so yet. She then tells you she drank two glasses of wine over the weekend but stopped before it got out of hand. *Relapse or Setback?*
- Jacob hasn't used cocaine in 3 weeks but he used to smoke crack in large amounts often on long binges several times per week. He tells you that he missed the train the other night and got stuck in a bad neighborhood over the weekend and he smoked \$10 worth of crack but immediately felt guilty and called his sister to come pick him up. Jacob later confesses that he definitely would have used more but he only had \$10 on him and was not able to find more money. Now he is back on track as he has been clean and back in his sober routine for the past 5 days. *Relapse or Setback?*
- Lana had been addicted to pain medication for years but finally stopped for a year after a long struggle with opiate addiction. Lana tells you she broke her arm in an accident and they gave her opiate pain medication in the emergency room. Lana confesses to you she has been taking the medication at night for pain so she can sleep but she has not ran out of pills yet because she has her mother holding the bottle for her. *Relapse or Setback?*
- Terri was doing great with her substance use issues and coexisting Bipolar Disorder for months, however due to a mix up she ran out of her medication over the weekend which opened the doorway to a severe manic episode. While in a manic state, Terri's judgement was clouded so she invited her ex-boyfriend over her house and he brought cocaine with him which they both did together late into the evening. The next morning Terri's parents came by her home and saw what happened and brought Terri to the ER where she was placed back on her prescribed medication for stabilizing her mood. As soon as Terri got back on her psychiatric medication she got immediately back on track with staying away from illegal drugs and drug using associates like her ex-boyfriend. *Relapse or Setback?*

These are just a few examples to put the concept of setbacks and relapse in perspective. Not every situation where there is a "lapse backward" ends up going back to square one, so to speak, especially if the person involved is willing to discuss their issues and get back to moving forward motivationally in a positive direction. The term setback, describes a backwards move in progress in much broader terms than relapse. Referring to these periods of digression which can occur frequently in the change process as *setbacks* is more accurate than the much more definitive consequences and outcomes often associated with the concept of relapse. In many instances this concept of setbacks can therefore be viewed in a slightly different light than the concept of relapse. One way to contrast a setback and a relapse is to make the comparison with a car traveling to a destination. Setbacks are wrong turns, bumps in the road, detours, etc., that slow down or delay the trip but the driver keeps on driving toward the destination as long as he stays motivated to keep going. A relapse is more like the car breaking down or getting into an accident only after a significant portion of the trip has transpired, requiring more serious repairs. As revealed in these case examples as well as in many other similar scenarios, people regress back toward negative behaviors for a variety of reasons, many of which do not directly correspond with the concept of relapse in the traditional sense. Using the term *setback* is



often more practical and expansive when it comes to describing the wide variety of situations that may constitute a challenge or diversion in one's overall path toward progress and positive change.

For more relevant background information managing setbacks using the Escalator (written in part for use from a client's perspective) – Click the following link:



[Managing Setbacks Using the Escalator](#)

## For Counselors: What to Do When There is a Setback

**Review Risk:** Safety should always be first. Therefore, when there is a setback, what potential harm or risks are present? Is or was your client at risk for harm and if so to what degree? Always consider safety factors such as overdose (or potential overdose), suicidal or homicidal thoughts, plans or attempts, aggression or violence associated with the setback, as well as life-threatening decisions related to the setback (such as intoxicated driving or other forms of poor judgement), coexisting health risks (such as a heart condition) as well as potential harm to others (especially children or other vulnerable individuals). The greater the risk or safety issues present, the more serious the setback. If there is imminent risk, act immediately as appropriate and if there is ever any doubt always follow the two basic rules, of always erring on the side of safety and seek supervision or appropriate consultation whenever needed without delay. For more information on risk, view: [Engagement, Safety and Risk: An Assessment Framework](#)

**Help your client to accurately define and understand the setback:** In order to start the process of working toward overcoming setbacks, it is important that your client work on trying to gain insight into what has happened. Encourage your client to tell the “story” of the setback by being detailed, including not only what occurred but also his or her thoughts and feelings along the way. A chronological timeline format is often the easiest and most coherent way for the client to discuss the details of the setback. From an engagement perspective, as stated earlier, it is important to provide an open, accepting, and nonthreatening forum, whether in group, individual or family therapy, for clients to express the story of the setback. Groups discussing a specific setback also need to be supportive as opposed to negative, critical, fault-finding or engaging in “I told you so” types of reactions to a peer's setback story. As always with the Escalator method, carefully use the client setback as an opportunity to help the client gain *insight* and *motivation*. Processing a setback from the perspective of gaining self-awareness as well as increasing motivation to take new measures toward positive change is the key counseling perspective when addressing client setbacks

**Analyze Treatment Needs:** The issue of treatment and determining appropriate level of care often needs to be reviewed whenever there is a setback of a moderate to serious nature or when there are multiple repeated setbacks. If treatment is in place and setbacks are occurring in spite of current treatment efforts, then a higher level of treatment should be considered. As reviewed earlier in this book, choosing the right level of care in theory is usually based on clinical need. However in practice, determining an appropriate level of treatment can be even more challenging as there are a variety of real life issues that cannot be ignored. For example, there are excellent methods and guidelines for determining an appropriate level of care such as ASAM Patient Placement Criteria which assesses the need for treatment across six key dimensions: ([Click to view ASAM criteria](#)) In Chapter 2 we discussed “Ideal vs. Real” level of care placement issues. So when helping a client with a plan to address a setback keep in mind that there are a variety of factors and circumstances that are just as critical that end up determining where (if at all) someone ends up in treatment. Some of these real life factors include:



- *Willingness (or unwillingness) to attend the recommended level of care.* For example, all signs might point to a need for the client to go to residential treatment, but is there a willingness on the client's behalf to pack up and go?
- *Family member's refusal to agree with the suggested level of care.* A person needing treatment may be willing to go, for example, but the parents who would be the way to pay for treatment may not be on board with the idea.
- *Financial and insurance/funding issues* – Treatment often isn't cheap so just because someone needs treatment, we must ask if he/she can afford it. Paying cash for rehab is a huge risk for families as there is no guarantee of a return on that large financial investment for anyone. Most people don't have that kind of money to spare and in many areas grant funding for treatment is limited.
- *Availability of desired treatment level.* Any experienced substance abuse counselor can talk about what it is like to be working with someone who needs treatment and wants treatment but there just is not anything available. Sadly that may be the case in many regions.
- *Transportation issues* – Even the greatest program referral for your client is useless if he or she has no way to get there.
- *Childcare issues* - Who is going to take care of the young children when a client who is also a parent needs treatment? Even on occasion pets can be an obstacle in the case where there is no one to watch a client's dog while he or she is in rehab, for example.
- *Obligations such as work, school, etc.* - In real-life decision making about treatment these real-life factors such as work, school and other obligations cannot be ignored and must be factored in to the decision making process.

Considering everything, the issue of treatment placement comes down to the delicate balance between considering what is needed for a client from a clinical perspective and what a client is willing and able to do. (Again this refers back to the "Ideal vs. the Real" scenario outlined in Chapter 2.) Therefore, as a counselor addressing setbacks that require a higher level of care referral, remember to use the perspective of being reasonable and realistic. Always view things in a motivational and insight perspective. For example, consider internal motivators for getting the client to agree to the higher level of care such as people, and places and situations that the client values: children, employment, relationships, etc. Often when clients really start thinking about what might be at stake for those whom they care about, then internal motivation to comply increases. Internal motivation is directly tied to one's values and desires. Finally, also use external motivators judiciously. Often, for example, a client who is experiencing repeated setbacks who needs a higher level of care such as rehab may only go when mandated legally or when given an ultimatum by family. Be careful however, because using external motivation in too coercive of a manner can backfire and result in increased client resistance. Working together collaboratively with family and other external sources and supports can be more effective than everyone uniting together to take an "attend treatment now, or else" approach with a client who is on the fence about attending a recommended treatment program.

Sometimes the last option when there is absolutely no way to get a client motivated internally or through external means to agree to attend a needed higher level of care, the best choice is to utilize a



simple behavioral contract. That contract would be based on the idea that as the counselor, even though you are recommending a higher level of care, you are allowing the client to continue in his or her current program. The contract outlines what happens if setbacks continue to occur in the future so at least there is a plan going forward. “*Some treatment is better than no treatment*” can be a guiding principle when settling on a lower than desired level of care with a client who refuses to agree to a higher level of care recommendation. Of course, there is a time to draw the line in any situation but that varies from client to client and from situation to situation. Working together as a team in treatment settings is so valuable when attempting to address difficult situations with clients who are continuously experiencing setbacks and refusing to move on to a clinically indicated higher level of care. Working together with your treatment team while considering each unique situation is the best foundation for making these types of challenging treatment decisions. Of course, safety issues always come first which is addressed in the paper: [Engagement, Safety and Risk: An Assessment Framework](#)



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