“The Ideal vs. The Real” in Modern Substance Abuse Treatment

The concept of looking at the “real vs the ideal” is an essential feature of the Escalator methodology for engaging challenging clients. The basic principle behind consideration of “the real vs. the ideal” is that we strive for ideals with a long term view, but in the meantime we must accept what is real and therefore be realistic in the short term. In other words, it is important to maintain our ideals which often serve as loftier long term goals to strive for in the overall the change process. However, when working with less motivated and less insightful clients in a client-centered manner we must first accept gradual, incremental progress based on more attainable realistic goals that may not always be completely congruent with what would be considered to be ideal. Consider the following:

- ***The “Ideal” Perspective:***
  - Focusing on a predetermined, highly-regarded set of future goals and expectations that often come from sources outside of the client including family, society and counselors themselves. Looking at client “best case scenarios” as the benchmark for progress
  - Treatment interventions are often geared toward ushering clients toward preconceived measures of progress regardless of whether or not the client is expressing readiness or willingness to commit toward working on these types of loftier goals

- ***The “Real” Perspective***:
  - Focusing on the present; what we have right before us in the here and now
  - Accepting the current situation for what it is, factoring in both strengths as well as areas that still may need work and areas of resistance. Remaining hopeful about potential progress but also being realistic about potential obstacles and struggles
  - In treatment, willing to put our own viewpoint as counselors about what is ideal for our clients off to the side to instead focus on considering what our clients are willing and able to do in the present to make even small amounts of progress now

For decades, 12 step philosophy defined and outlined what is considered the *ideal recovery*. Most people with substance abuse counseling experience can explain this idealistic view of recovery and sobriety derived from 12 step philosophy. Consider some commonly held substance abuse recovery ideals derived from the “ideal client” paradigm below

The “Ideal Client” in substance abuse treatment does as follows:

- Attends and participates in daily 12 step meetings
- Has a sponsor with regular communication and participates in active collaborative step work
- Is completely abstinent from all intoxicating substance, both prescribed, legal, illegal and non-prescribed and alcohol. Complete sobriety is the goal
- Is open-minded, honest and willing and humbly listens too, accepts and takes suggestions and follows recommendations of others with more experience
- Believes in a Higher Power and practices turning over their will to their higher power on a daily basis in all life areas
- Changes all people, places and things that may trigger relapse and cuts off all association with others who are still actively using substances even when this is difficult as in the case with close or lifelong friendships
- Makes recovery their number one priority in life at all times
- Etc.

Hopefully, the picture as the ideal client described above is likely familiar to most substance abuse treatment providers. As stated earlier, years ago the substance abuse treatment world looked to the ideal client as the measuring bar that all clients in treatment were to strive for. Most counselors who have been around for many years can remember that the standard “prescription” for the average person in treatment was to attend 90 - 12 step meetings in 90 days and obtain a sponsor while cutting off all ties with any former associates who used any substances whatsoever.

Fortunately there are still clients entering substance abuse treatment programs who want these ideal goals which is a good thing. In fact most substance abuse clinicians embrace working with these types of motivated, insightful and cooperative types of clients. In reality, however, depending upon what type of treatment setting, in most situations, these ideal clients are the exception rather than the norm. Quite often the realistic scenario faced requires clinicians to be realistic and flexible about goals and expectations and then work forward from there.

The modern age of client-centered substance abuse treatment is much more open minded with regard to the multitude of often complex coexisting issues clients face. This present-day viewpoint has embraced an expanding need to accept gradual and incremental progress at our clients' own pace. As a result, there has been a much needed shift toward looking at goals that are "real" or realistic instead of expecting what is "the ideal" for measuring client outcomes. The substance abuse treatment field as a whole can keep its ideals as standards for excellence but must continue to be realistic about the often long term, client-focused process of working toward them

The following chart contrasts what would be considered ideal vs what would be viewed as real, across a variety of common treatment areas: *(Ct abbreviated for "Client")*

The Real vs. the Ideal:

Treatment Area	IDEAL	REAL
Skill Building	Ct openly accepts and adapts to new skills, actively implementing new skills in making positive lifestyle changes	Ct may be resistant to trying new skills. Counselor works with client to learn and then experiment with one or two new skills on trial basis to see how this works for them
Support	Attending and participating in regular 12 step meetings with sponsor	Ct may or may not want to attend 12 step meetings. If not counselor helps client find other areas for positive socialization and support (which can be a challenge)
Family	Ct family involved, concerned, supportive, and willing to participate in treatment and listen to clinician suggestions. Family open to education	Family often dysfunctional with members' with issues of their own. Family may be over-involved, controlling or enabling or completely detached and unsupportive
Triggers/Relapse Prevention	Ct embraces the concept of identifying relapse triggers then cooperatively changes by cutting off all people, places and things in their life associated with substance use/abuse	Ct may change obvious trigger areas but still keep some negative people, places and things in their life because of a lack of readiness or willingness to change. Some friends/family others still may use various substances
Substitution	In ideal situation, client embraces the idea that switching from one substance to another is unproductive and to be avoided at all costs	Ct may be willing to stop one substance but not another. For example: "I will quit heroin but don't ask me to give up my weed"
Abstinence	Complete abstinence and sobriety viewed as the only true path to real success so all intoxicating substances avoided at all times	Ct may still be prescribed controlled substances for pain (opiates) or anxiety (benzos). Client may be willing to give up "hard" drugs like cocaine and heroin but then be unwilling to stop using more socially acceptable substances like alcohol and marijuana
Motivation and Insight	Ct enters treatment and soon recognizes need for change, steadily building and maintaining motivation throughout the course of treatment	Ct motivation and insight levels questionable at first and ebb and flow throughout treatment. Counselor spends a lot of time carefully

	which results in continuous efforts to make positive lifestyle changes as suggested by counselors and peers	engaging client to build motivation and insight at a gradual pace so as not to push client away by being to authoritative or demanding
Spirituality	Ct has a strong sense of belief and conviction, soon accepting the need to turn over will to higher power by accepting advice from counselor and others. Client has clear sense of purpose and has spiritual practices and supports that build inner strength	Ct unsure what they believe in possibly unable to really express or show conviction toward any specific spiritual beliefs or practices. Ct may be confused or unsure about their purpose with little or no faith or trust in anything greater than self
Progress	Change is clearly seen and progress is encouraging to watch as client embraces sober life and quickly sees the benefits. As time passes, progress steadily continues to increase and a transformation takes place across many life areas	Progress is slow and at times erratic and may move in the wrong direction sometimes without warning. Counselor must be patient and encouraging as client makes small increments of positive change.
Attitude	Ct is Honest, Open-minded, Willing – Accepts recommendations and suggestions. Humble – teachable. Views counselor as an authority	Ct may challenge authority. At times resistant to change or argumentative. Counselor has to work to build rapport, respect and trust
Compliance	Counselor chooses level of care based on client needs. Client attends recommended level of care regularly makes attending treatment a priority	Counselor has to negotiate a plan, often settling for a lower level of care than needed due to client refusing recommendations. Attendance can be sporadic at times
External Motivation	Referral sources are genuinely concerned and reach out regularly to communicate and provide additional support when challenges arise	Counselor may have to be persistent with regard to outreach and case management with overwhelmed external resources

In summary, working within the realm of what is real in the here and now instead of insisting on ideals is a critical aspect of the viewpoint needed when engaging challenging clients.

Supplemental Reading:

"An ounce of something real is often better than a pound of what is ideal"
Click to READ: IF – Intensity and Frequency

"Some change is better than no change"
Click to READ Half Measures for Good Measure

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