

# Difficult Conversations Toolkit

*Word-for-Word Scripts for Impossible Moments with Justice-Involved Clients*

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**How to Use This Toolkit:** These scripts provide specific language for the five most challenging conversations you'll face when courts demand abstinence but clients need harm reduction. Each scenario includes the client's statement, multiple response options depending on the situation, documentation guidance, and red flags requiring different action. Adapt the language to your style, but use the core principles: be honest, be transparent, create safety.

## 1 "If I Tell the Truth About My Use, Will I Go to Jail?"

**Client Says:** "I'm scared to tell you what's really going on. If you tell my PO I'm using, I'll get violated and go to jail. But I need help."

### Opening Response (Always Start Here):

"I'm glad you're bringing this up, because it's important we're both clear about how this works. First, thank you for trusting me enough to even have this conversation. That takes courage, especially knowing your legal situation."

### Clarify What You're Required to Report:

"Let me be really specific about what I'm required to report based on your court agreement. [Be specific to your jurisdiction—for example: 'I'm required to notify your PO if you pick up new charges, if you completely stop coming to treatment, or if there's an immediate safety risk. Substance use itself isn't automatically reported unless...']. Here's what falls under clinical privilege and stays between us: [be specific]."

### Be Honest About Risk:

"I can't promise you won't face consequences if you're honest about your use. What I CAN tell you is that getting caught while actively hiding use usually creates bigger problems than self-reporting and staying engaged in treatment. Courts tend to respond more favorably when people are honest and working on solutions."

### Create Safety Regardless:

"Whether you decide to disclose to me right now or not, let's make sure you're safe. Can we talk about harm reduction strategies that reduce your risk—things like not using alone, having naloxone, knowing the signs of overdose—regardless of what we report to the court?"

### If Client IS Currently Using:

"Okay, you're telling me you're currently using. Here's what happens next: [be specific about your reporting process]. I want to work with you on how we present this to your PO. Would it help if we called together, or if I supported you in telling them yourself? Let's also figure out what needs to change in your treatment plan to help you stay safe and reduce risk."

**How to Document:** "Client expressed concerns about consequences of disclosing substance use given probation status. Counselor clarified mandated reporting requirements per court agreement and discussed importance of honest communication for effective safety planning. Client and counselor reviewed harm reduction strategies regardless of disclosure decisions."

**RED FLAG:** If client describes imminent safety risk (suicidal ideation, plan to drive while intoxicated, domestic violence situation), you must prioritize immediate safety intervention over legal concerns. Document: "Client safety concerns required immediate clinical response including [specific interventions]. Probation officer notified per court agreement due to [specific safety risk]."

## 2 "The Judge Says I Have to Quit, But I'm Not Ready"

**Client Says:** "I know I'm supposed to be working on staying clean, but honestly? I'm not ready to stop using completely. What do I do with that?"

### Validate Their Honesty:

"Thank you for being real with me about where you are. A lot of people would just tell me what they think I want to hear. The fact that you're being honest means we can actually work on something meaningful instead of pretending."

### Explore the Ambivalence:

"Help me understand—if you're not ready to quit completely, what ARE you ready to work on? Are there ways you want your use to be different? Safer? Less frequent? Are there consequences you want to avoid even if you're not ready to stop?"

### Reframe Abstinence as One Goal Among Many:

"The court wants you to stop using. I get that. But let's also talk about what YOU want for your life. Do you want to avoid jail? Stay out of the ER? Keep your housing? Not lose your kids? Those are all real goals we can work on—and working on those goals might move you closer to abstinence over time, even if you're not there yet."

### Set Up Harm Reduction Framework:

"Here's what I'm thinking: Your treatment plan has to say you're working toward abstinence—that's what the court ordered. But the WAY we work toward that can include steps that make sense for where you actually are. Can we talk about what 'safer use' looks like for you? What would reduce your risk even if you're not ready to quit?"

### Be Clear About Boundaries:

"I can work with you on harm reduction approaches, but I also need you to understand: if your use creates new legal problems, if you stop coming to treatment, if there are safety emergencies—those things have consequences I can't protect you from. My job is to help you reduce risk and stay as safe as possible while you're figuring out your relationship with substances."

**How to Document:** "Client demonstrates insight into current readiness for change and engages openly in discussion of recovery goals. Treatment plan will focus on risk reduction strategies, safety planning, and building motivation for progressive behavior change. Client identifies [specific harm reduction goals] as initial treatment targets while working toward court-mandated abstinence goal."

**RED FLAG:** If client expresses complete unwillingness to make ANY changes or explicitly states intent to continue dangerous patterns (driving intoxicated, using in ways that create imminent harm), you may need to recommend higher level of care or document that current treatment approach is insufficient. Be honest: "Based on what you're telling me, outpatient treatment might not be the right fit right now. Let's talk about what level of support would actually help you."

### 3 "My PO Wants Me in AA, But I Don't Believe in That"

**Client Says:** "My probation officer says I have to go to AA meetings, but I'm not religious and I don't think that whole 'powerless' thing works for me. Do I have to do it?"

#### Validate Their Concern:

"That's a legitimate concern. AA is one approach to recovery, but it's not the only one, and it doesn't work for everyone. The research actually backs that up—there are multiple evidence-based pathways to recovery."

#### Clarify Court Requirements:

"Let's look at your actual court order. Does it say 'AA specifically' or does it say 'recovery support meetings' or 'peer support'? Sometimes there's more flexibility than we think. If it says AA specifically, we might need to work with your PO to negotiate alternatives. If it says 'recovery meetings,' you have options."

#### Offer Alternatives:

"There are other recovery support options that might fit better: SMART Recovery uses cognitive-behavioral approaches without the spiritual component. Refuge Recovery or Recovery Dharma are Buddhism-based. LifeRing is secular. Women for Sobriety focuses on empowerment. Would any of those work better for you?"

#### Strategic Approach to AA If Required:

"If your PO specifically requires AA and won't budge, here's a pragmatic approach: AA meetings vary wildly. Some are very religious, some barely mention God. Some are LGBTQ-focused, some are for young people, some are specifically for agnostics. You might find one that feels less uncomfortable. And you don't have to 'work the steps' or get a sponsor—just attending meetings satisfies most probation requirements. Think of it as getting your attendance card signed while you do the real work here in therapy."

#### Advocacy Approach:

"I'm willing to talk to your PO about this if you want. I can explain that research shows multiple pathways to recovery and that we're building a recovery support plan that includes [specific alternatives]. Some POs are open to evidence-based alternatives once they understand the clinical reasoning. Want me to reach out?"

**How to Document:** "Client expresses concerns about AA attendance requirement due to philosophical/religious mismatch. Explored alternative evidence-based recovery support options including [specific programs]. Will coordinate with probation officer to discuss recovery support plan that aligns with client values while meeting court requirements for peer support engagement."

**RED FLAG:** If PO is inflexible and client refuses AA entirely, document the impasse clearly: "Client unwilling to attend court-mandated AA meetings despite counselor education about attendance requirement. Alternative recovery support options proposed but declined by probation officer. Treatment plan adjustment needed to address court compliance issue." Then work with your supervisor on next steps.

#### 4 "I Used This Weekend — Do I Lie or Tell the Truth?"

**Client Says:** *"I used on Saturday. My drug test is tomorrow. Should I just lie and say I didn't? Or do I tell you and get violated?"*

##### Assess Safety First:

"First things first—are you okay right now physically? Do you need medical attention? Let's make sure you're safe before we talk about anything else."

##### Don't Tell Them to Lie, But Be Realistic:

"I can't tell you to lie. But I can help you think through your options and the likely outcomes of each. If you don't tell me and the test comes back positive anyway, your PO finds out without you having taken any responsibility or shown any effort to address it. If you tell me now, we can talk about how to handle it, what led to the use, and what needs to be different going forward. Which situation gives you more control?"

##### Frame It as Problem-Solving:

"Let's think about this differently. What happened on Saturday that led to using? What was going on? Because whether you disclose this or not, if we don't figure out what went wrong, it's going to happen again. And eventually you'll be in a situation where you can't hide it."

##### Prepare for Disclosure:

"If you decide to be honest about this—either to me or to your PO—let's prepare what you're going to say. It goes better if you have a plan. Something like: 'I used on Saturday. Here's what was going on. Here's what I'm going to do differently. Here are the changes I'm making to my treatment plan.' Want to work on that together?"

##### Address the Immediate Test:

"For tomorrow's test—you're probably going to test positive regardless of what you tell me now. So the question isn't really 'should I lie'—it's 'do I want to get ahead of this by self-reporting, or wait for the positive test to come back?' Self-reporting usually goes better, but I can't make that choice for you."

**How to Document:** "Client self-reported weekend substance use and engaged in immediate safety assessment and treatment planning. Client and counselor discussed options for addressing use with probation officer and developed plan for honest communication including [specific strategies]. Client demonstrates continued treatment engagement and willingness to take accountability while working on behavior change."

**RED FLAG:** If client used in a way that created serious safety risk (overdose, driving intoxicated, violent incident), you cannot treat this as routine. Document: "Client reported high-risk substance use on [date] involving [specific safety concern]. Immediate safety planning implemented. Probation officer notified per court agreement due to [specific risk factor]."

## 5 "You're Supposed to Help Me Stay Sober, Not Enable My Using"

**Client Says:** "Wait, you're telling me how to use drugs 'more safely'? Isn't that just enabling me? You're supposed to help me quit, not teach me how to keep using!"

### Clarify What Harm Reduction Is (and Isn't):

"I hear your concern. Let me be really clear: harm reduction is NOT me saying 'go ahead and use, it's fine.' It's me saying 'If you use despite our work together, I want you to survive that use so we can keep working together.' There's a big difference between enabling use and preventing death."

### Use an Analogy:

"Think about it this way: if you had diabetes and you told me you weren't ready to change your diet yet, would it be enabling to teach you how to check your blood sugar and use insulin? Or would it be keeping you alive while you work on being ready to make bigger changes? Harm reduction is healthcare, not permission."

### Address the Enabling Concern Directly:

"Enabling would be me giving you money to buy drugs, or hiding your use from people who need to know, or making excuses for consequences you create. Teaching you how to avoid overdose? How to reduce your risk of infection? How to recognize when you need emergency help? That's not enabling—that's clinical responsibility. I'd rather you're alive to work on recovery than dead because I only offered you one option you weren't ready for."

### Reframe Success:

"We're absolutely working toward you not using. That's still the goal. But if your path to not using includes periods where you're still using but reducing harm along the way—that's progress. Using 4 times a month instead of 28? That's real progress. Using at home with someone present instead of alone in a car? That's progress. Staying alive long enough to get to the point where you're ready to quit? That's the most important progress of all."

### If Client is Firmly Against Harm Reduction:

"I respect that you want an abstinence-focused approach. We can absolutely work that way. But I need you to know: if you do use at some point—and research shows most people in recovery have setbacks—I'm still going to give you harm reduction information. Because keeping you alive is my first priority. Once you're safe, we can work on whatever recovery path makes sense for you."

**How to Document:** "Client expressed concerns about harm reduction approach, interpreting it as enabling. Counselor clarified distinction between harm reduction (safety-focused medical care) and enabling (supporting continued problematic behavior). Client and counselor discussed recovery goals and agreed on treatment approach that prioritizes both abstinence goals and risk reduction strategies."

**RED FLAG:** If client becomes hostile or threatening when you discuss harm reduction, or if they're using this concern to avoid accountability ("You're enabling me so I can't get better"), address the resistance directly: "I'm hearing a lot of concern about this approach. What's really worrying you? Is this about the harm reduction, or is there something else going on?" Document the resistance and consult with your supervisor about treatment approach adjustments.