

# "What to Say When" Script Card

## Word-for-Word Language for the Four Hardest Relapse Moments

### How to Use This Tool

These scripts give you actual language for the moments when your brain goes blank. Each scenario includes what the client is feeling, what to say, and how to document it. Adapt to your style, but keep the core principle: clinical response first, court response second.

## Scenario 1: Client Admits Relapse — They're Disappointed in Themselves

### What you're seeing:

Client is upset. Maybe teary, maybe quiet. They wanted to do better and they know it. They're watching your face to see if you're disappointed too.

### Say this first:

*"I'm glad you told me. That took a lot of trust, and I don't take that lightly."*

### Then move to:

*"Let's talk about what happened and what you want to do next. Not what the court wants — what YOU want. We'll figure out the court part together."*

### What NOT to say:

*"Well, you know what this means for your case." — They already know. Don't lead with consequences.*

### How to Document:

"Client self-reported substance use and engaged in discussion of precipitating factors. Client demonstrates continued treatment engagement and willingness to address relapse openly. Treatment plan adjustments discussed."

## Scenario 2: You're Sitting with a Positive Drug Test

### What you're seeing:

You have the result. The client may or may not know it's coming. This is not an interrogation — it's a clinical conversation that starts with them, not the test.

### Say this first:

*"Your test came back positive. I want to check in with you first. How are you doing right now?"*

### Then move to:

*"Help me understand what was going on. What happened before the use? What's been different lately?"*

### What NOT to say:

*"You tested positive. I'm going to have to notify your PO." — Don't skip the clinical conversation.*

# "What to Say When" Script Card

## How to Document:

"Client's drug test returned positive for [substance]. Counselor initiated clinical assessment of precipitating factors before addressing compliance implications. Client [engaged/was reluctant/expressed frustration]. Treatment plan adjustments under review."

## Scenario 3: Client Calls PO — Preparing Them for the Conversation

### What you're seeing:

You've assessed the situation, adjusted the treatment plan, and now it's time for the client to contact their PO. This is where your prep work pays off. The client should never make this call without a plan already in place.

### Help them prepare:

*"Here's what I want you to say: 'I want you to know that I used [substance] on [date]. I've already talked to my counselor. We've increased my sessions to [frequency], we're adding [intervention], and I have a safety plan in place.'"*

### Coach them on the shift:

*"'I relapsed' is a confession. 'I relapsed and here's what I'm doing about it' is accountability. The second version changes how the court hears it."*

### If the client is scared:

"I know this is terrifying. But getting ahead of this is always better than getting caught. And you're not making this call alone — I'm right here. Do you want me to be on the line?"

## How to Document:

"Client and counselor collaboratively developed communication plan for probation officer disclosure. Client practiced key language and identified increased treatment supports to present as part of relapse response. Client initiated contact with PO during session."

## Scenario 4: Attorney or PO Pushes Back on Your Clinical Decision

### What you're seeing:

An attorney gets loud. A PO questions your judgment. Someone tells you that your client needs consequences, not coddling. This is where you hold the line.

### Say this:

*"I understand your concern. My clinical assessment is that [specific finding], and the treatment plan has been adjusted to include [specific changes]. I'm happy to provide a written summary of the clinical rationale for this approach."*

### If they keep pushing:

*"I appreciate the collaboration, and I take the court's goals seriously. But my role is to provide clinical recommendations based on my assessment of this client. Removing them from treatment at this point would be clinically contraindicated."*

# "What to Say When" Script Card

**What NOT to say:**

"Okay, you're right, let me change my recommendation." — Collaboration is essential. Capitulation is not collaboration.

**How to Document:**

"Counselor communicated clinical assessment and treatment plan adjustments to [PO/ attorney/court]. Counselor provided rationale for continued treatment engagement based on [specific clinical indicators]. Written summary provided upon request."

## Quick Reference: Three Rules for Every Relapse Conversation

1

**Clinical response comes first.**

Before you think about the court, the PO, or the paperwork — address the person sitting in front of you. They came to you for treatment. Treat them.

2

**Build the plan before the phone call.**

Never let a client contact their PO without a plan already in place. The plan changes the conversation from "I failed" to "I'm actively working on this." That distinction matters.

3

**You are the treatment professional.**

The attorney is not. The PO is not. The judge is not. Your clinical judgment is not a suggestion that gets overruled because someone with a law degree got loud. Stand in it.

### My Adaptations & Notes

Phrases that work with MY clients:

---

---

---

---

---