

Dissolving Professional Denial & Finding the Path to Recovery: A Solution Based Example

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Solution Based Practice

- ◆ Pioneer Insoo Kim Berg, MSW
- ◆ Co Founder of the Brief Family Center with Steve deShazer
- ◆ Brief treatment focus
- ◆ Solution orientation verses problem focus

Solution Base Principles:

- ◆ “Find out what works, do more of that.”
- ◆ “Look for patterns of exception.” When is the problem not present?
- ◆ “Use language that is hopeful and future oriented.”
Typically not problem focused.
- ◆ “The solution lies within the client.”

Professional Denial in Addiction

- ◆ The “dark side’ of the professional skills, boundary transgressions.
- ◆ Extensive use of minimization and rationalization.
- ◆ Memory problems: blackouts, recall function in memory.
- ◆ A core **negative cognition** that fuels addiction behavior.
- ◆ Avoid joining the client in their denial.

Negative Cognition:

- ◆ A core negative belief about self:
- ◆ Negative, critical, hostile, caustic, etc.
- ◆ Irrational
- ◆ Self-referencing
- ◆ Generalizable

Negative Cognitions:

- ◆ **Resonates** as true with the client, has a feeling based component.
- ◆ Francine Shapiro, Ph.D.
- ◆ Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures, (2nd. Ed.) New York: Guilford Press, 2001.

Common Negative Cognitions:

- 💧 “I am worthless” vs “I am worthy”
- 💧 “I am insignificant” vs “I am significant”
- 💧 “I am permanently damaged” vs “I can be healthy”
- 💧 “I am not lovable” vs “I am lovable”
- 💧 “I deserve to be miserable” vs “I deserve to be happy”

Professional Sand Traps :

- ◆ Explore the “3 R’s – Right place, Right time & Right therapist.
- ◆ Failure to connect the treatment to the 12 Steps.
The importance of rational thinking.
- ◆ Treatment to “open ended.” Define with a treatment plan that includes Reason/goal/and steps toward a solution.
- ◆ Expect transference. What is not negotiable?

Additional Sand Traps:

- ◆ Being “entrained by the client.” To draw along with.....
- ◆ Watch for continued use during treatment, with a very manipulative presentation.
- ◆ The rural deer strike and a broken neck. The Physical Asst., desperation and living in the shadows.
- ◆ Get consultation – video taping.

The Traveling Nurse

- ◆ Experienced Nurse Practitioner – male 49, divorced.
- ◆ Traveled to rural hospitals, worked in ER,
- ◆ Performed not necessary gynecological and breast exams
- ◆ Drank heavily, no illegal drugs.
- ◆ One female patient complained, led to several other patient complaints, from other rural hospitals.

Nurse Practitioner:

- ◆ Was arrested, charged with multiple felonies.
- ◆ Completed 28 substance abuse treatment program.
- ◆ Suspended from work, trial pending.
- ◆ Parents placed second mortgage on their home to raise \$10,000 for initial retainer to criminal defense attorney.
- ◆ Planned to go to trial, 3-4 victims ready to testify.

Treatment:

- ◆ Weekly outpatient treatment.
- ◆ Work thru “professional denial” gradually.
- ◆ Support current progress in recovery – alcohol/sex offenses
- ◆ Hope and future oriented. Scaling question: “How helpful was today’s session?” “ 0 a waste of time to 10 very helpful.”
- ◆ Earlier pattern of exception: lower work load, was married & active in recovery. Explore and validate, validate & validate.

Identify Core Negative Cognition

- ◆ “I am worthless”
- ◆ Long standing core negative belief.
- ◆ Resonates with anxiety, shame, embarrassment and feelings of inadequacy.
- ◆ Runs thru this life experience as a connected and present powerful theme.

Time for the Trial:

- ◆ Admitted feeling very uncomfortable in a pending trial during which his defense attorney would cross examine the victims and actively work to discredit them.
- ◆ Continued to explore his active use of meetings and working the 12 steps.
- ◆ I remained confident as a therapist that **“the solution lies within the client.”**

Solution Based Question:

- ◆ “As you think of your strengths and resources, what is the best solution that you can generate?”

Client Response:

- ◆ “I am going to change my plea to guilt and there will be no trial and no cross examination of my victims.”

Follow up

- ◆ Client changed his plea to guilty.
- ◆ During plea negotiation, several of the charges were reduced or dropped.
- ◆ He surrendered his license to practice.
- ◆ He received a one year prison sentence, which he served in the county jail.

Post Conviction

- ◆ Client was a model prisoner and completed his sentence with no infractions.
- ◆ He was released weekly to continue his outpatient therapy.

Current Practice

- ◆ Senior Trainer EMDR Part I and Part II
- ◆ Solution based focus
- ◆ Working outpatient with crime victims
- ◆ Homicide survivors, individuals who have had a member of their family murdered.
- ◆ Individuals with a trauma history and working on recovery.

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