

Identification of Denial Patterns

1. **Absolute Denial**—“No, not me. I don’t have a problem”.

This one needs slow and careful handling. Look for physical evidence. Don’t be afraid to ask about whatever you are thinking or seeing.

Address any and all of these possible signs of substance abuse: odor of alcohol and/or other strange odors, bottles, paraphernalia of any kind, unwashed bodies (if there’s water service), extreme thinness, pinpoint pupils, nodding, tremors, inability to answer questions, problems with memory, reports by others of peculiar behavior, agitation, defocusing, more severe financial problems than usual, reports of children acting out at school, broken nose (often happens when someone passes out and falls face down), and cigarette burns (especially between fingers—indicative of passing out with a lit cigarette). Ask if there is a history of substance abuse in a parent, sibling, or grandparent. If the client tells you about a parent who used to drink but quit some time ago, ask additional questions (e.g., s/he was a heavy drinker before quitting?, or why did s/he quit?). Often, this will signify that the individual was experiencing significant alcohol problems. Ask the young children what it’s like when their parent comes home (e.g. do they even hide under the bed or someplace to be safe? -a common refuge for little ones in substance abusing families).

In this situation, it is also important to enlist other family members and gather specific information. You then confront the individual by reciting this information that you gathered to the client in a calm, matter of fact voice. Don’t get into a power struggle or “yes, you did/no, I didn’t” battle, for you will lose the battle.

2. **Minimizing**—“My drinking isn’t that bad. I know it is a problem, but it just isn’t as serious as people think it is”.

This one is very workable. Your job is to help the person look at the actual harm caused by the chemical abuse. You have to be specific. “*How has your health been affected?*” “*How has your ability to pay bills been affected?*” “*Why is there no food in the house?*”

3. **Avoidance by Omission**—“I won’t talk about it. I will talk about everything else but I will not talk about my drinking”.

This form of denial is best handled by consistent redirection.

4. **Avoidance by Distracting by Deluge**—“I’ll talk about everything else except my drinking and I will immobilize you with tons of garbage”.

This is handled the same way as Avoidance by Omission—by consistent redirection.

Identification of Denial Patterns (continued)

5. **Avoidance by Distracting by Uproar**—“I’ll create a crisis situation for you if you push me into talking about my drinking”.

6. **Scapegoating**—“I only drink because of my wife.” “If it were not for my boss, I wouldn’t be drinking that much”. “If you were a good therapist, I’d be able to stop”.

This calls for a broken record response. *“No...that’s not why you drink”. “It doesn’t matter why anyway. We need to get you some help so you can quit”*.

7. **Rationalizing**—“When confronted about my alcohol and drug use problems, I will be able to talk or think myself and talk other people around in circles”.

This form of denial makes your head hurt because you cannot quite follow the person’s reasoning. They talk in circles. You will need to keep reducing this one to basics. *“You say you drink? How many days a week? Is it more like everyday or more like 5 days? Do you drink only beer? Is it more like a case, or more like two six packs, on a typical night? Are the bottles 40 ounces or 16 ounces?”* Always force choices. Avoid questions that can be responded to by a yes or no.

8. **Intellectualization**—“The problem of abusive drinking starts back to our social-cultural blah, blah.” Ignore this rationalization and redirect the person to solving the problem.

9. **Comparison**—“I don’t drink as much as my boss does and he is not in trouble.” “I know Uncle Charlie, who used to drink two fifths a day, and he died of old age.”

This only takes gentle redirection and concern. *“We’re really concerned about you and your family today. Let’s just talk about you”*.

10. **Diagnosis of Yourself as Beyond Help**—“I’ve gone too far to get any help. How can you expect a dilapidated old drunk like me to change his habits?”

11. **Flight into Health**—“I’ve been sober for twenty-five minutes now and my problem is solved. I know too much to ever drink again”.

At least this person is admitting that there used to be a problem. You need to remember that the problem is not solved, but this person will probably give minimal resistance to starting some kind of treatment. So continue to discuss the need for treatment for N.A., etc.

Identification of Denial Patterns (continued)

12. **Consequential Sobriety**—“I can’t drink ever again, because I’ll be sick and die. Since I know how awful my life will be if I continue to drink, I won’t drink anymore, and since I know I won’t drink anymore, I don’t need treatment”. This person is admitting that drinking is a problem; however they need to realize that change is an ongoing process, and that treatment is a necessary part of that process.
13. **Compliance**—“I’ll do whatever you say if you get off my back. I’ll get well by doing what you say, ha, ha, ha.”

The implicit message here is “I’ll do whatever so that you’ll get off my back.” This requires follow up and consistency in forcing structure and consequences, e.g., “*OK, I want you to make an appointment for outpatient counseling and I’ll check back on Thursday to see when the appointment is. I’ll also check with your counselor to verify attendance*”.

14. **Manipulation**—“I’ll let you help me if you do it for me. If you make me do things I don’t want to do, I’ll end up getting drunk”. The responsibility for change is on the client. If the worker does “for” the client then they are enabling the client, not empowering the client.
15. **Democratic Disease State**—“I have a right to continue to drink myself to death, even if I am an alcoholic and even if I die”. The client should be reminded that other people, e.g. children and family members would be affected by their continued drinking.

