**Practice examples of minimising collusion with a client’s (DFV perpetrator’s) violence supporting narratives and beliefs: A hypothetical worker-client exchange[[1]](#footnote-1)**

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The responses demonstrated here attempt to model how to take a ‘middle ground approach’ that is neither collusive, on the one hand, nor oppositional/persecutory on the other. Being collusive and matey, and inadvertently or directly indicating agreement with the client’s violence-supporting narratives, can result in the client feeling vindicated for the thinking he draws upon to choose violent and controlling behaviour. Taking a righteous approach by being too oppositional can lead to the client disengaging and falling out of view of the service system, which also might not make things safer for his family.

Keep in mind there are no absolutely right or definitive responses in situations like these. The responses here are intended only as a guide, and to convey the thinking behind them. The important thing is to be aware of the client’s invitations to collude, and to know what approach you are taking and why.

The hypothetical exchange below is only part of a conversation that the worker might have with a client who is using DFV – there are many things that the script does not cover that might be a part of these conversations with a client, depending on the situation and the context of your service.

For example, the script does not focus on contributing towards an assessment of the risk posed by the client to those experiencing his use of DFV. It also involves no exploration of how the client’s DFV use might become part of an overall case plan, including links with substance use reduction, mental health related or other goals (depending on the focus of your service). The script provides one or two pointers on how to bridge into a conversation about DFV issues, but does not explore this in depth; nor does the script focus on how to plant motivational seeds for the client to accept a referral to a specialist DFV service, or how to engage in preliminary safety planning regarding what he can do in the coming days and weeks to lessen the likelihood that he will make further choices to use violence. These are the foci of other scripts in this demonstration series.

The exchange does not cover the range of situations in which you might engage a client who is causing DFV harm. Your approach is likely to differ depending on what you already know (if anything) about your client’s use of DFV, what your client knows that you know, and how the client responds. The hypothetical exchange is intended to provide examples of the micro-skills involved in minimising collusion that you might be able to adopt – to a greater or lesser extent – across contexts.

In this conversation, occurring about half-way through the first session with a client, an AOD practitioner picks up on some indicators that their client is possibly a user of DFV. The practitioner has no prior information about this.

Phil, you mentioned you’ve been in a relationship with Louise, I think you earlier described it as an ‘on-and-off’ thing over about five years. If it’s OK, I’d like to spend a bit of time hearing how the relationship is currently going. Relationships can matter a lot to people’s lives, and is relevant to our work together.

Ah, Louise! [said with some exasperation and disdain] Yeah, she pissed off again three nights ago and I haven’t seen her since. Gone out on another bender I reckon. I’m glad we didn’t decide to have kids, she’s as unreliable as it comes.

It sounds like that’s not the first time that Louise has left unexpectedly?

The practitioner decides to not quite yet ask about the specific situation, but a more general question first. Is careful not to nod or show verbal or nonverbal signs of agreement with the client’s last statement about Louise being ‘as unreliable as it comes’. Decides not to pick up on this comment however – this is the first session with the client, and the practitioner is careful not to be too challenging too early.

Yeah, I’m sick of it. She uses it as an opportunity to get with other guys, and comes back when she’s bored or wants something. She uses me.

It might be tempting at this point for the practitioner to respond *Phil, we can’t continue our conversation if you are going to keep talking disrespectfully about Louise like that.* At another point in the session, this might be a reasonable response, or might be needed now if Phil continues to talk so disrespectfully about her. However, this is a matter of timing and balance. Of course the practitioner is concerned about how Phil is talking about Louise, and knows that this can be an indicator in some circumstances of a client using violent and controlling behaviour. Given this possibility, the practitioner keeps his non-verbals still to not inadvertently show signs of agreement with Phil’s criticism.

The practitioner, however, is also careful not to be too oppositional. Doing so might shut Phil down early and restrict him from revealing/discussing his use of DFV – if Phil detects that he is being judged at this early point, he might disengage from entering into this area of the conversation again, and it will be more difficult for the practitioner to move towards engaging Phil in conversations to find out about his behaviour and to refer him to a specialist service. The practitioner can minimise collusion by attempting to focus on Phil’s behaviour and attitudes, rather than needing to be too confronting at this early stage.

While avoiding being persecutory, it is also important that the practitioner does not respond collusively along the lines of *It sounds like it’s been a difficult relationship for you?* Responding like validates Phil’s idea of himself as a victim, validating his victim stance. Men will attempt to use examples such as the perceived (or imagined) infidelity of their partner to create their justification for violence. Rather than validating Phil’s feelings using *it sounds like*, the practitioner merely reflects that this is Phil’s view using *I can see that you…*

I can see that you aren’t happy with how things are going. What happened a few nights ago when Louise unexpectedly left?

The practitioner notices that Phil is being quite critical of Louise, and notes to himself that this could reflect temporary distress about the situation rather than how he usually thinks about her, or it might indicate an enduring critical attitude. In this context the practitioner decides to not, at this stage at least until finding out more about Phil’s attitudes, go down the path of unconditional positive regard and support for Phil’s statement “I shouldn’t let myself be used like that”.

The practitioner avoids endorsing any of Phil’s comments regarding Louise either verbally (does not say *She sounds difficult/troubled…*) or through informal means such as body language (nodding, sympathetic noises).

Like I said, she just pissed off and went on a bender.

If it’s OK, I’d like to focus on this a bit, to focus on what is happening here for you. Understanding a bit about your life and relationships will help us to work together on your drinking.

What happened before Louise left? What was going on that day?

The practitioner in the first statement attempts to create a rationale and some space for further exploration, after noticing the client’s reticence. This is part of **forming a bridge** to a possible conversation about DFV.

The practitioner keeps the question(s) broad, rather than immediately asking *Sounds like there was an argument?* Responses to broad questions at this stage might be more likely to reveal some sense of the man’s thinking or behaviour. This can also be a gentler way into the conversation, such that the man can enter the sense of time/place that gives the practitioner a picture of what went on from the man’s perspective (remembering that the man is likely to provide a highly minimised account filtered through his victim stance lens).

If the client does not provide much in response to a broad question such as this, the practitioner can be more specific with *Was there an argument of some kind*?; if the client stays generic and says “we had a blue and she pissed off” we can say *What did that look like?* to bring it back to the specific.

Well, she went off at me for not paying some bill or something. She always wastes my money, what's it to her if it's late? She just went at me, she hadn’t even been drinking that time, she just went off at me. I have given her everything and this is supposed to be how she shows her appreciation!

Could you tell me more about what happened?

The practitioner keeps their body still, remembers not to nod their head. They notice indicators that could point to a power imbalance in the relationship between Phil and Louise (“my money”, pathologising comments about Louise) and the possibly indicators of financial abuse. Although Phil is becoming increasingly disrespectful of Louise, at this point the practitioner decides not to place limits or challenge these statements, though prepares for the likelihood that they will need to do so. Rather, the practitioner decides to **let some things go to the keeper** and move the conversation on, in a way that does not acknowledge Phil’s disrespectful, critical and pathologising statements about Louise.

Letting things go to the keeper does not mean that we ignore the statement(s), however. The practitioner makes a mental or written note-to-self of the client’s critical and pathologising statements, and reminds themselves that they can bring back some of what the man has said as an open question at a later point.

Our role is not to ‘catch men out’, but rather, to stay focused on the man’s behaviour and risk, and to create opportunities for dissonance between what the man says he wants for himself and his family, and his actual behaviour. This dissonance is critical for his own motivation for change.

The practitioner also does not want to discount the possibility that Louise used violence against Phil – though is aware that if this is the case, it does not necessarily mean that she is the perpetrator in their relationship, and that if she used violence, it could have been in self-defence or an act of resistance.

She was right up in my face, screaming at me [he does a hand gesture to his face]. I tried to calm her down, but once she gets in a state like that, nothing can stop her. She said she’d call the cops if I didn’t let her go. These days women call the cops at the drop of a hat! I was just trying to help her stop…

The practitioner resists the temptation to be oppositional – a response such as *Phil I need you to be straight with me, you’re only talking about what you think Louise did and saying nothing about yourself?* might result in the client withdrawing or becoming defensive in his ongoing responses. The practitioner notes their internal frustration at how Phil is being so critical of Louise, and is careful not to respond out of this frustration. The practitioner reminds themselves that this might be the first time that Phil has discussed the incident, that he might feel some shame about the way he has acted, and that he might be in denial about how he has acted. It can often take time, and many attempted justifications, for men to work their way into discussing their actions.

The practitioner also avoids a collisional response such as *What happened next?* Or *What happened after you tried to stop what was going on?* A response such as this would walk past the red flag of “l was just trying to stop her”. The practitioner remains alert and listens carefully, not passively, for moments such as this where the man has revealed information that can be unpacked, rather than allowing the client to carry on with his description of events that is serving his own victim stance view.

Phil, if I can interrupt you there, sounds like a really difficult situation for both you and Louise. Very stressful for you, and also I imagine for Louise for her to consider calling the police.

When you say you tried to stop Louise, what do you mean by that?

**Respectful interruption:** “Phil, if I can interrupt you there…” The practitioner does not interrupt too early in Phil’s narrative due to the damaging effects this might have on rapport, but can see at this point that Phil is intending to continue to talk negatively about Louise and that not to interrupt would be too collusive.

The practitioner attempts to achieve a balance between keeping still, not nodding, etc in relation to Phil’s comments – given the likelihood that Louise would have quite a different version of events than Phil – and building/maintaining rapport. The practitioner does this by **expressing empathy while minimising collusion with violence-supporting narratives**: “… it sounds like a really difficult situation… very stressful for you” and shows some genuine warmth in their voice while saying this.

The practitioner **invites awareness of the victim-survivor’s experiences**: “… a really difficult situation for both you and Louise … for Louise to consider calling the police”. The latter represents a **respectful challenge**of Phil’s statement that ‘women call the police at a drop of a hat’. The practitioner decides not to challenge this statement more directly, however, as to do so would cause too much of a rupture in rapport. At a later time when the working relationship is more established, a more direct challenge might be made (for example, “In general, people only call the police in these situations when they feel afraid”).

The practitioner does not challenge all of Phil’s critical and pathologising comments, and decides to selectively **let some things go to the keeper**. There is just too much to pick up on or ‘challenge’ every aspect of Phil’s concerning attitudes and beliefs.

If Phil appears to be becoming quite agitated, the practitioner could initially respond “I can see that in retelling this you are becoming agitated, you've raised your tone a bit and gone a bit red, what is it that you are feeling in your body?”

The practitioner would then follow this by taking Phil through a grounding exercise to help bring down his level of agitation, before continuing with the conversation.

Note that the use of grounding and then returning to the conversation is something that can be taken at any stage a worker feels like the man is becoming overly agitated. It is important to have some sense before the session of what you might do if a man is becoming agitated, or if you feel that you have become too oppositional and are getting in a rut. Plan a few set steps you might take at such a moment, such as “Would you like to have a short break before we continue with this Phil?” OR “I can see that this is a difficult conversation for you. Would it be useful to spend a couple of minutes on a grounding exercise, before we talk about this a bit more?”

Many client escalations can be prevented by the practitioner noticing some signs in the client that they are becoming frustrated or too uncomfortable. At these points, you can ask “It sounds/looks like you are feeling uncomfortable for the moment. I understand that this conversation can be difficult. Would you like to pause for a moment and talk about what is going on for you right now, how you are feeling or what you are thinking?” Phrased this way, the client has lots of room to respond in the way they would prefer, whether that be to talk about the thoughts that are racing through their mind, how they are feeling, what they are feeling in their body, etc. Being proactive in this way can help to catch an escalation early, rather than the client simmering and reaching a point where they themselves interject their frustrations into the conversation in a much more agitated point. Taking this approach also models to your clients that these are things (thoughts, body sensations, feelings) that are worth paying attention to and that there are ways to manage these uncomfortable feelings.

The practitioner makes a mental note of some issues relevant to Phil’s possible use of violence, and relevant to risk. Phil’s narrative, at least to date, does not suggest that he was afraid of Louise during the incident. Phil’s disclosure about Louise suggesting she might have called the police is notable. The practitioner also wonders how Phil might have attempted to prevent Louise from leaving the house, and indeed, why Louise wanted to leave. The practitioner makes a mental note to soon return to some of these issues to explore the DFV risk that Phil poses to Louise (to the best extent that one can based only on the perpetrator’s narrative), but decides not to take this path immediately.

I was livid. How dare she talk about me falling behind in a bill or two after all I’ve done for her.

If it’s OK Phil I’d like to go back to the situation for a bit, to help me understand. It’s really important that everyone feels and is safe in situations like this.

The practitioner **bridges to a focus on DFV** in the conversation, given that it appears quite possible that Phil used DFV in the situation. The practitioner does not use the term ‘domestic and family violence’ at this stage, because while there are accumulating red flags through the conversation it is still unsure, and Phil would likely respond to this with defensively and possibly with much agitation. Rather, the practitioner introduces the **core concept of safety** as a rationale for the conversation, by saying “… everyone feels and is safe…” so as not to leave Phil feeling ‘zeroed in on’, while also introducing a focus on Louise’s safety. While the practitioner has significant doubts about whether Phil was unsafe during the incident, zeroing in only on Louise’s safety at this point in the conversation might be a bit too soon and could close Phil down.

What do you mean when you say you were livid?

The practitioner recognises the man’s response of “I was livid” as an opportunity, an opening. At this point Phil is indicating a deep emotion, and for the first time in the discussion, he is talking about himself and not Louise (at least during these three words). An open question like the above gives Phil a chance to open up.

If Phil’s response to the practitioner’s question is very general/vague, the practitioner could follow with *When you say you were livid, can you tell what that looks like?* OR *If l was in the room what would l have seen?* This unpacking could then be furthered using follow-up questions such as *What did you do next?* or *What did you choose to do next?* Questions such as these keep the discussion focused on him and convey the he was making choices. In response to questions such as these, Phil will inevitably make some description of Louise’s behaviour but the practitioner can calmly respond with questions that maintain the focus on his behaviour and his choices.

Yeah, I was really pissed off at her.

When you were feeling really pissed off or livid at Louise that time, what did Louse see or experience you doing?

This question:

* uses **directed open questioning**, an open question style that directs Phil to think about his behaviour – this style of questioning attempts to dissuade vague, evasive responses,
* focuses on the **difference between the feeling and the behaviour**,
* communicates that the feeling didn’t drive the behaviour, that the client **has a choice** about how he responds to a feeling or situation,
* **brings in the experiences of the victim-survivor**, and
* **focuses on the impacts** **on the victim-survivor**.

Questions such as these attempt to make it more difficult for a client to provide vague responses. Another version of this question would be “If there was a fly on the wall at that time, what would it have seen you do when you were feeling pissed at Louise?”

The practitioner decides to use Phil’s language of “pissed off” rather than “angry”. Using the client’s language can be beneficial to maintain engagement on the issue – provided that his language is not too minimising about his behaviour.

For example, if a client discloses “I got a bit physical with her…” then following up with a question like “Ok, you got physical with her. What does it look like when you 'get physical'? What does Louise see?” can continue the exploration. Here the practitioner is careful to say “got physical” rather than “got a bit physical”, to reduce collusion with the client’s minimisation of his behaviour.

However, “got physical” still minimises the behaviour. It is not the same as replying “What did Louise see or experience you doing when you assaulted her?” – but to use this language now would likely result in Phil closing down the conversation. As a practitioner, you will make judgements as to when to **name the behaviour as DFV**.

What? Ah, she was hysterical and I was trying to calm her down. I tried to stop her from leaving.

How did you try to stop Louise from leaving? What did Louise see you say or do?

[a big sigh] Look, I grabbed hold of her arm, that’s all.

[practitioner leaves a pause]

The practitioner leaves a bit of silence, a pause in the conversation, while maintaining soft eyes, and a relaxed engaging stance. The practitioner tries hard to take a curious approach, neither sympathising with Phil nor being accusatory/persecutory.

As a practitioner you do not need to be afraid of silence in a conversation like this. Silence gives your client a chance to come forward again into that silence, out of awkwardness, expectation or by processing his own feelings. The middle ground between being collusive and being persecutory is not necessarily a comfortable space; some feelings of discomfort or awkwardness can be a good sign that the conversation is inviting the man into a space to talk about his behaviour and associated circumstances in a different way to how he usually thinks about them. An ‘easy’ conversation is likely to be collusive; an overly tense and agitated conversation is likely to be persecutory.

OK, I’d had a bit to drink, and I lost it with her. She was in my face about the bills, I couldn’t take it anymore. I said a few things I shouldn’t have, she threatened to call the cops and then stormed out, that’s all.

The practitioner makes a mental note at this stage of the discussion to adopt a voice tone with genuine and warm concern, to relax their body, and to learn forward slightly in an engaging way. The practitioner works hard not to come across as moralistic; and remembers to leave a brief pause for effect after his statements and questions.

The practitioner avoids taking a collisional approach *Geez Phil. Ok. Well it sounds like everything got a bit out of control for you both. Then she left and everything calmed down?* The practitioner also resists the temptation to go too far too quickly and push Phil back into a corner *Oh dear [slightly shaking head, and giving an ‘hmmm’ sound] that’s no good at all Phil, sounds like you did a lot more to hurt Louise than what you’re telling me, you know that’s domestic violence!*

The practitioner also resists at this point the temptation to challenge Phil in regard to his minimisation of what was likely to have been physical violence. The practitioner however makes a note that Phil has disclosed grabbing hold of Louise’s arm, and plans to come back to this at a later point in the discussion “Phil, you mentioned earlier that when Louise left the house, that you grabbed hold of her arm. How would Louise have experienced that?... Would it have felt like a very strong hold to her?... Could the grab have been strong enough to leave some bruises?... What might Louise have felt at that moment?... What might Louise have been fearful of when you grabbed her?...” The practitioner chooses not to go down this pathway at this point, believing that it would be best for the discussion to progress a bit first; however, unless Phil becomes too agitated during the session, not picking up on this at a later point could be collusive. [When the practitioner does come back to this, they remind themselves to ask these questions with a non-judgmental voice, and to maintain a gentle manner and soft eyes].

Thanks for sharing that with me, this is not easy to talk about. I want to make sure I understand this properly. When you say you said a few things you shouldn’t have, could you give me an example?

The practitioner does not rush into a response that ‘jumps’ on Phil, or make a judgement that Phil will likely just try to defend (“What, you’re calling me a wife beater!”). The practitioner keeps moving forward with open question(s) to explore this a bit further, to unpack, and to show him that this is a safe and appropriate place to share and discuss this further.

Oh, I guess, I called her some choice words. It wasn’t pretty. Like I said I’d been drinking.

Sounds like Louise heard you say some hurtful things?

Yeah, but you should hear the shit that she shovels out at me, my girl certainly winds up!

The practitioner lets Phil’s attempt to focus on Louise go straight to the keeper (and his sexist comment “my girl”), while keeping their body language still so as not to show any signs of agreement, and continues the conversation as if Phil had just responded “Yeah.” The practitioner keeps the focus on Phil’s behaviour and the impact on Louise, gauging how far to take the questions about his behaviour at this point.

Sounds also Phil that you were really loud, was it loud like shouting loud?

Yeah.

And my guess is that you were standing very close to Louise when you were shouting, you mentioned that you grabbed her arm. I wonder what Louise was feeling at that moment?

[starting to fidget and looks fairly uncomfortable] Like I said, it wasn’t pretty. Was a shit moment.

At this point, the practitioner decides not to attempt to unpack Phil’s behaviour further. Phil is showing signs of becoming very uncomfortable – and while some signs and experience of discomfort is a positive sign, the practitioner is worried that Phil’s discomfort will turn into agitation if he is pressed further. The practitioner knows that there is likely to be much more to Phil’s behaviour than what Phil has disclosed, and already knows enough to strongly suspect that Phil is perpetrating DFV. The practitioner remembers that their role isn’t to attempt to fully unpack Phil’s behaviour, but to sow seeds towards Phil accepting a referral to a specialist men’s behaviour change program, and to attempt to identify any indicators of risk along the way.

Rather than pressing Phil further at this point, the practitioner invites Phil to start to reflect on his actions, to create dissonance between his behaviour and how he wished he had have handled the situation or how he thinks he could have dealt with it better.

I hear that. I’m hearing in your voice some regret. Can I ask, how do you feel about your actions now when you look back at them?

The practitioner gives Phil a chance to label or see his behaviour as not ideal. The practitioner doesn’t begin by judging Phil’s actions, but rather, asks Phil what he thinks about his actions.

Oh, it was a shit moment, that’s for sure.

As Phil’s response doesn’t really take up the practitioner’s invitation, the practitioner follow-up with a more direct approach. Often it can be useful to first use open, invitation questions and then to be more direct if that doesn’t work.

Do you think you could have acted differently? Is there a better way you could have chosen to act at that time?

Questions such as these reinforce the concepts of **choice** and **responsibility**.

If Phil continues to respond to these questions vaguely or by only repeating what he had previously said, the practitioner would then remark how Phil’s behaviour is of concern, and is something that needs more discussion. However, this is the last resort approach – the preference is to create opportunities for the client to himself name his behaviour as unhelpful, as not representing the man or partner or father he wants to be, as having an impact on his family.

Yeah, I should have kept my cool. She was in my face and she just wouldn’t let me leave.

What would keeping your cool have looked like?

[in a mostly serious though also slightly mocking tone] Oh, well, I could have just pretended to go to the toilet and said my expletives into the toilet bowl rather than to her, I guess.

Ok, you’re saying you could have gone to the toilet or to another room at that point. That way you might have been able to keep your cool?

Yeah.

I'm just going to see if I got it all and understood you correctly. Louise was upset about some financial issues, some bills. She wanted to talk to you about it, sounds like she was really upset. You said or did some things that I wonder whether they made Louise feel frightened and unsafe because you said she wanted to leave, and you initially tried to stop her by grabbing her arm. Louise then maybe broke free, or you let go when she said she would call the police?

The practitioner **reframes** “she was in my face” to “Louise was upset”, away from the sexist language that Phil uses as part of his victim stance, and towards humanising Louise and her experiences. Indeed, throughout the conversation, the practitioner is careful to, where possible, minimise collusion with Phil’s victim stance. The practitioner is also careful not to reflect back the language that Phil uses to minimise his behaviour.

The practitioner **centralises the concept of safety** and introduces the likelihood that Louise was afraid. The practitioner restates his understanding of what happened in a way that emphasises Phil’s choices, rather than collude with Phil’s victim stance narratives that he ‘couldn’t take it anymore and just lost it’.

The practitioner makes a mental note that what Phil has disclosed is likely to only be some of the violent and controlling behaviour he used against Louise at that time. It might have been just the tip of the iceberg of his behaviour. The practitioner plans to try to come back to unpacking this incident a little more later in the conversation, but decides that digging for the detail at this point would only result in Phil becoming too defensive to continue with the conversation.

Yeah, as I said, women these days threaten to call the police at the drop of a hat.

It might not have been what you intended, but I wonder if Louise might have felt quite frightened? I wonder if the option of calling the police was the best way she knew to try to tell you that? Could that have been possible?

The practitioner **focuses on the impact** of Phil’s behaviour, not the intent. If Phil’s patterns of behaviour is consistent with many DFV perpetrators, his intent was likely to have been to deliberately make Louise afraid, to fall into line with him, as part of a wider pattern of coercive control. However, the practitioner knows that exploring intent is best left to the specialists – to a men’s behaviour change program – and that at this preliminary stage, it is best to focus on impacts. Attempting to unpack Phil’s intent would lead him into a conversation that the practitioner would not know how to safely handle.

Like I say, she was going off at me. I had too much to drink, and just couldn’t take her ungratefulness any longer. [Starts to raise his voice, increases speaking pace, sits a bit forward in his chair] She wouldn’t have had a roof over her head these past five years if it wasn’t for me, that tart is doing me over…

Hey Phil, if I can interrupt [practitioner maintains soft eyes and a calm voice], I want to help you with your drinking, and you want some things to change and I can help with that. In retelling this situation I can see it is causing some distress and maybe you feel pissed off again in thinking about it. For us to do the work and change some things about your drinking, it's very important that we talk respectfully about everyone concerned. That includes you and me being respectful to each other and being respectful to people who aren’t in the room. Is that OK?

Some things that some perpetrators say – such as highly demeaning, abusive or pathologising statements about their partner or women in general – should never go unremarked, unless your client is particularly volatile.

The practitioner notices Phil’s escalation, and responds by initially focusing Phil’s attention on the intended outcome of the session. Sometimes when a client escalates, focusing on what the client can gain – on the outcomes the client wants met – through continuing the conversation/session respectfully can de-escalate him.

Practitioner asks “Is that OK?” to obtain the client’s agreement about being respectful.

Yeah, fine [sits back in his chair].

It’s clearly a distressing situation for you and for Louise. But talking about what Louise did or didn’t do isn’t going to help me understand how I can help you. Louise isn’t here to discuss her behaviour, but we can focus on you and your responses.

As you said before, there might have been a better way you could have chosen to act in this situation, or even other situations? This might be something that we can find some support for you to explore, I can talk about this a bit later.

My guess is that it’s important to you, and to Louise, for you to be able to keep your cool in situations like this? I wonder, what might happen if you don’t?

 [Phil drops his eyes and thinks for a bit]. Yeah, it’s not good.

Practitioner adopts Phil’s language of “keeping your cool”, even though this is not the most ideal language to use when talking about a man’s use of domestic and family violence. The term “keeping your cool” has unfortunate connotations about violence being the result of men ‘losing control’ or ‘exploding’ or having an ‘anger management problem’, and therefore inconsistent with the reality that violence is chosen, intentional behaviour. However, at this early stage it can be useful to use the language that the client has chosen to describe his behaviour, unless the compromise in terms of colluding with problematic concepts is too high.

I want to be able to help your efforts to reduce your drinking. But alcohol didn’t make you do the things that might have left Louise feeling afraid. It’s important to me to work with you, or get support for you, in any way that will help keep you and others safe.

Although our focus is on your drinking, being a safe man for others to be around is important. It will be harder for you to achieve your goals in reducing drinking if there are times when others are afraid of what you might do.

That’s why I’m asking you these questions. Can we keep going with this conversation for a little longer?

Yep [sighs, but is a bit more relaxed].

The practitioner redirects **the focus back on to Phil’s behaviour** (“Talking about what Louise did or didn’t do isn’t going to… Louise isn’t here, only you are”) in a way that expresses some empathy for the distress that Phil feels about the situation, while centralising Louise’s experience and the importance of safety.

The practitioner **respectfully challenges** Phil’s assertion that he ‘lost it’ because of his drinking. The practitioner also **bridges into a conversation** about the importance of Phil being a safe man to be around, and how Louise experiences his behaviour.

As part of bridging into this conversation, the practitioner signals to Phil the questions they will be asking him, and why they are asking these questions. The practitioner does not want Phil to be surprised by the questions.

The practitioner, noticing that Phil became somewhat escalated at an earlier point, might also empathise with Phil regarding the difficulty of the conversation, and invite Phil to monitor whether he is OK enough with it:

My clients, who make choices about their behaviour that might be making others afraid, find these conversations difficult. My guess Phil is that you haven’t talked about this with hardly anyone?

Well, Louise knows I’ve got a bit of a short fuse, but, nah, I’m not proud to be carrying on like a pork chop, I should know better at my age.

If the conversation is getting too hard, and you’d like to take a breather or a break, could you let me know?

Yep.

This way, the practitioner is essentially telling Phil ‘please let me know if you are becoming agitated with the conversation, before you escalate too much and either storm out or have a go at me’.

The practitioner also does this in a way that **normalises the conversation**, saying to Phil that they have a number of these conversations with their clients. Of course, the practitioner does not want to normalise the use of violence. However, they do not want Phil to feel personally targeted, that *he* is being particularly picked on. The practitioner wants to infer that these conversations aren’t rare and that there are others in his boat who are making choices that make them less safe for loved ones to be around.

This approach also attempts to emphasise that the practitioner is entering into this conversation not because of a personal whim, but as a professional responsibility, as a normal part of providing a quality AOD-focused service.

All the way through the conversation, the practitioner, in focusing on Phil’s choices and the impact of his behaviour on Louise, attempts to use an **invitational approach** rather than coming across as moralising. For example, the practitioner asks Phil whether Louise might have felt afraid, rather than prescribing that she definitely would have been (“I wonder if… Could that be possible?” rather than “that must have been terrible for Louise!”). **Open directed questions** are important here, through which the practitioner *finds a mid-point* - that is, adopts a curious approach, neither collusive/matey nor overly challenging and accusatory, that directs the conversation towards a focus on the client’s choices and the impacts of these choices, in an invitational way.

The practitioner continues the exploration:

Have there been other times that Louise might have felt afraid, or not safe, around you?

1. This resource and the hypothetical practitioner-client scripts draws and builds upon earlier scripts that Rodney wrote for the NSW Network of Alcohol and other Drug Agencies (NADA) as part of the development of the practice resource *Engaging Men who Perpetrator Domestic and Family Violence in the Alcohol and Other Drugs Treatment Context*. [↑](#footnote-ref-1)