Clinical Intuition in Alcohol and Drug Counseling

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Presentation Overview

* Why is intuition important?
* What is intuition?
* What is clinical intuition?
* Highlight relevant literature related to clinical intuition
* Examine how alcohol and drug counselors utilize clinical intuition in their practice
* Discuss cautions and best practices related to clinical intuition
Why is intuition important?

* Counselors tend to rate their intuition as more influential in their work with clients compared to Evidence-Based Practices (Baker, McFall & Shoham, 2008; Gaudiano, Brown, & Miller, 2011; Lucock, Hall, & Nobel, 2006).

* Intuition is rarely discussed explicitly in counselor training or education.

* Acknowledging and examining intuition has the potential to enrich clinical practice.

* Clinician's intuitive capabilities may dictate the "depth of the therapeutic contact, exploration, and change process" (Shore, 2010).
In 1924, when asked why he wanted to climb Mount Everest, mountaineer George Mallory answered, “Because it’s there.”
Philosophers have examined the phenomenon of intuition for centuries. Descartes and Locke wrote about the topic in the 1600’s. Both contrasted intuition with “deductive knowledge” which requires conscious reasoning and considered intuitive knowledge as primary and immediate.
What is intuition?

* It is often defined by what it is not:
* The ability to understand or know something immediately, without conscious reasoning (Oxford English Dictionary)
* A feeling of knowing with certitude without conscious awareness of rational thinking (Sirley & Langan-Fox, 1996).
What is intuition?

* Affectively charged judgments that arise through rapid, nonconscious, and holistic associations (Dane & Pratt, 2007, p. 40).

* A sense of knowing without knowing how one knows. Intuition involves a sense of knowing based on unconscious information processing (Epstein, 2010, p. 296).
"The intellect has little to do on the road to discovery. There comes a leap in consciousness, call it intuition or what you will, and the solution comes to you, and you don’t know how or why."

Albert Einstein
Two Systems

* Modes of thinking have been divided into two systems (or two minds) by cognitive psychologists (Kahneman, 2011)

* **System 1**: Operates automatically and quickly, with little or no effort and no sense of voluntary control
2 + 2 =
Two Systems

* System 2: Controlled, voluntary, and effortful mental activities.
17 \times 24 =
Neurobiology of intuition

* Left Brain - Verbal, conscious, explicit ways of knowing

* Right Brain - Nonverbal, emotional, implicit ways of knowing (Schore, 2012).
  * More robustly connected to the sensory, limbic, and autonomic nervous system (Dorpat, 2001).

* Intuition is a complex right brain process which is adaptive for implicitly feeling or knowing in times of relational uncertainty (Shore, 2012).
The orbito-frontal cortex (OFC) has been found to be activated during emotionally driven decisions (Volz, 2006).
The OFC is responsible for integrating emotions into the decision making process.
People who have sustained injuries to the OFC cortex have very interesting consequences (Damasio, 1995).
Mirror Neurons

* The same neurons in the cerebral cortex that activate when engaging a specific behavior, also activate when observing another person do the same behavior.
* Provide a neural basis for imitation and empathy
* Body movements, posture, facial expression, voice inflection, and even pupil diameter are unconsciously mirrored during communication
The strength of the therapeutic relationship may be facilitated through congruence of right-brain unconscious systems (Marks-Tarlow, 2012; Schore, 2012).

Right-brain to right-brain communication underlies clinical intuition, and it may be a major factor in therapeutic effectiveness (Schore & Schore, 2008).
What is clinical intuition?

* Very few concepts in the history of psychology have had as many proposed definitions as intuition (Epstein, 2010)

* The topic of clinical intuition has been addressed by many prominent theorists
“Intuition is the capacity to reach a sudden conclusion, letting the learning just happen. The intuitive process involves the immediate processing by the whole brain. It is possible to cultivate one's ability for intuitive thinking. Learning just happens, and a conclusion is suddenly reached. Intuition can be cultivated with a serendipitous attitude to new experiences and new opportunities” (Rogers, 1969, p. 82).
My psychological experience has shown time and again that certain contents issue from a psyche more complete than consciousness. They often contain a superior analysis or insight or knowledge which consciousness has not been able to produce. We have a suitable word for such occurrences - intuition (Jung, 1958, p. 41).
Freud used the term “evenly suspended animation” to describe how psychoanalysts “must turn their own unconscious like a receptive organ toward the transmitting unconscious of the patient”

He wrote that this technique “consists simply in not directing one’s notice to anything in particular, and in maintaining the same ‘evenly-suspended attention’ in the face of all that one hears... he should simply listen, and not bother about whether he is keeping anything in mind” (Freud, 1912, p. 112).
Composite definition of Clinical Intuition

* A way of knowing that the counselor experiences in the interpersonal context of a counseling session. Intuitions occur suddenly, and do not involve conscious deliberation. Intuitions may take the form of a sudden feeling, physical sensation, image, or seemingly unconnected thought. Significant intuitions are accompanied with a sense of confidence and clinical relevancy.
Although cognitive psychology, brain imaging, and neurobiology can identify the mechanisms of intuition, they cannot explain how it is experienced by humans in specific contexts.

Qualitative methods are needed to examine how clinical intuition is experienced in a specific context.

Although it is experienced uniquely by each individual, unified essences of the experience have been identified through qualitative methodologies (Jeffrey, 2012; Hansen, 2015).
Common themes of clinical intuition

* Conditions Conducive to Experiencing Clinical Intuition
* Experiencing Intuition
* Utilizing Clinical Intuition
* Circular Causality with the Therapeutic Relationship
* Cautions
* Development
* Importance  (Hansen, 2015)
Conditions for Experiencing Clinical Intuition

* Being Present

“I can't be distracted, I can't be thinking about other things. I have to be in that moment. Otherwise my intuition is way off. What facilitates intuition is self-awareness, connection, being present, and being able to listen to your inner voice. Being distracted, being pressured to meet an agenda or an item or sign a treatment plan, or this kind of thing are all distractions to clinical intuition.”
Conditions for Experiencing Clinical Intuition

*Self Care*

“I may not experience intuition if I’m stressed, if I don’t have my head in the game. For example, I’m thinking about a few weeks ago when I was totally swamped. We were due to be audited by licensing and I felt like I wasn’t in the group 100% because I was distracted. In that case, I had to have another counselor cover my group until the process was completed.”
Experiencing Intuition

* Affect-Based
  * Experienced as a vague but significant feeling that is difficult to describe:
    “something important is going on”
    “there’s dissonance”
    “something is off”
    “this isn’t the whole story”
    “something is amiss”
    “I just have this feeling that there’s so much there”
“It starts with an electrical feeling, it feels like it's at the base of my ears. That tells me: this isn't the whole story.”

“I’ve had experiences where I’m feeling very centered and I’m in a session with a client and that client speaks about a trauma that she’s experienced. If I’m in touch enough with myself and centered and spiritually connected in that moment, I can actually see snippets of that trauma”
Putting into words

As we were talking, what I was trying to pay attention to was: what is it that's wrong here? Listening, it wasn't real clear. There's no trust. Where is the trust? What is the problem with this? As we were going along and they were sharing some information, it just came together. All I said was, "Oh my god, you're so disappointed. You're so disappointed in her." Then the tears began to roll. We went to a far different level than where we had been before that... putting some vocabulary out there opens up that venue... I don't consider that an unusual situation.
Utilizing Clinical Intuition

“You use your intuition to help them see... it’s not really about me and what I think about them, it’s how they are feeling about themselves... I use my intuition to help encourage them to see what’s going on internally, to discover what they’re really thinking about themselves.”
Utilizing Clinical Intuition

* Following the experience of an intuition, counselors use a conscious decision-making process to strategically use the information, treating intuition as a hypothesis to be tested

“I say ‘I may be totally off base with this, but this is my feeling, or these are my thoughts. Tell me if you disagree with me, but this is what I’m seeing.’ Most of the time, it’s right on. I’ve been fooled and I’ve been wrong. But I think I have a pretty good gut instinct with doing it as many years as I have.”
Some counselors appear to rely on their intuition to detect when a client is being untruthful. This intuition can be used strategically to prompt clients to clarify and expand:

“You can just tell when they're lying through their teeth... There’s a time when I'll come back and play dumb and say, 'I don't remember what you said before,' but I did.”
Utilizing Clinical Intuition

* “There was an individual that came in for an assessment and I knew it (that he had an alcohol problem). I knew it within five minutes but could not put my finger on it... Again, I have boundaries and need to make sure there is evidence for a diagnosis. I had a couple of collaterals, but after receiving their input I had no diagnosis. But there was something. Can't put my finger on it, couldn't tell you why, right now why, but there was just something...
He came in later to sign a release of information for the extra collateral contact, and he was wasted. It was ten in the morning and he was drunk. In that situation, I wish I could tell you exactly what it was, but I wasn't getting anything on paper, but I knew it. I just knew it.”
* There appears to be a circular causality between clinical intuition and the therapeutic relationship:
* A strong therapeutic relationship increases the frequency of experiencing intuition.
* Likewise, utilizing intuition effectively strengthens the therapeutic relationship.

“Intuition is based on relationships and awareness... I don’t think that clinical intuition can take place outside of understanding the counselor/client relationship”
First, Anne establishes awareness through empathic listening, and mirroring. In this context, Anne may become aware of dissonance. Next, putting into words occurs when Anne is able to accurately identify the client’s feelings. Connection with the client then occurs when the client confirms that Anne’s intuition was accurate through verbal and nonverbal communication. This results in strengthening of the relationship, which allows the client to get past defenses and acquire insight.
“It’s a double-edged sword because you’ve got the risk of putting too much of your situation, your understanding, into something. It’s like counter-transference. If you’re not careful, that intuitive leap is really as much about your own situation as it is about the client’s. You have to be particularly careful about that.”
Cautions

“It’s difficult because you could intuitively make a wrong decision about somebody. I think it’s safest if you focus on the evidence first, then rely on your intuition to help guide you... my biggest struggle with intuition is just how to balance it so that I don’t make a decision that could negatively impact somebody, because I feel like intuition could get into stereotyping. I don’t want to do that to people.”
Developing Clinical Intuition

*Role of experience, confidence*

“Intuition is a skill that for me is going to mature over time. I’ve become more mature in it. I can bring my energy into the room and put it towards the clients now... Now I can see someone escalating or I can see someone just crumbling under the weight of her guilt or shame and we can stop what we’re doing and say ‘let’s talk about that. Let’s just give you a minute.’”
Clinical Intuition Decision Making Guide

* A research-based guide to process clinical intuition (Jeffrey, 2012).

* The guide consists of 6 steps:

1. **Attunement:** Developing inner awareness and calmness. How did you feel prior to and throughout the session with your client (consider mental, emotional, physical, spiritual, relational processes)?
Clinical Intuition Decision Making Guide

2. Experience: Reflecting on the form the intuition occurred in (flash of understanding, gut feeling, rapidly appearing thought...)

3. Interpretation: What meaning does the intuition have for you and your client?
4. **Decision making:** Reflecting on possible harm or benefit of sharing the intuition with the client.

5. **Action:** Making an appropriate intervention

6. **Evaluation:** How did the action influence the therapeutic relationship and process of therapy?
Recommendations

* Recognize that you process clinically relevant information subconsciously
* Consider how you experience and utilize intuition in your work
* Take time before sessions to create the optimal mental and physical environment
* When experiencing an intuition, use it! (strategically)
Questions?
Recommended Reading

* Thinking, Fast and Slow
  - Daniel Kahneman

* Clinical Intuition in Psychotherapy: The Neurobiology of Embodied Response
  - Terry Marks-Tarlow
References


