

Dealing with the Resistant Client

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Question

Which client would you rather have

1. Rick – who comes in for his appointment, wants to argue, doesn't really believe he needs to change much
2. Mike – comes to every session early and does all his homework and talks about all the changes he is going to make and is making, always agrees with you (the professional)



Training objectives

This training will be successful if at the end of the training if you:

1. Can identify what resistance is
2. Can recognize your role in resistance
3. Gain several tools through motivational interviewing and CBT to help melt the resistance and roll with the resistance

Lets start with a little magic

We figured since this is the last
training of the day we would start with a little
magic trick



Before we can really talk about resistance or the resistant client we really need to talk about our perception.

- * Our perception of the client
- * Our perception of their problem
- * Our perception of their motivation
- * Our perception of our skill level

Perception

Our perception of who and what disorders we are treating makes a big difference in how we treat our clients and how well our clients can get. Getting well does require a personal choice to make changes, but the role we play in this has a big impact. If we see our clients as resistant and we treat them as resistant then what is the chance they will get the support they need or encouragement to change.

How does our perception impact the client?



What do you see – a client or a liar?

Few examples

First example – victim of perception, my friend

Second example – my perception being part of the problem. Let's talk about Matt . . .



How does perception play a role in Cognitive Behavioral Therapy?

How does perception play a role in Motivational Interviewing?

Where does our perception come from?

- * Our past experiences (with this client or similar clients)
- * Not having a true understanding of client's culture
- * Fear of the unknown
- * The limit of our skill set (if I can't help them they must be resistant)
- * What other things may affect our perception?

Healthy/Normal Resistance

(Adapted from Pucci 2006, Maultsby 1984)

Cognitive Emotive Dissonance

- * It is up to us to educate our client that this is *unavoidable*.
- * The Stages of Emotional Re-Education
 1. Intellectual Insight
 2. Practice(Cognitive Emotive Dissonance experienced
 3. Emotional Insight
 4. Personality/ Trait Formation

Healthy/Normal Resistance

When the therapist is wrong

- * The therapist has an incorrect assessment of the client
 - * Incorrect assessment of the severity if the problem(s)
 - * Incorrect assessment of the nature of the problem

Healthy/Normal Resistance

- * Reactance occurs when a person believes that someone or something is taking away his or her choices or limiting their range of alternatives.

The Therapeutic Relationship

Adapted from Cheydleur(1999),Ivey &Ivey(2003), Murphy&Dillon(2003), and Young(2005)

- * Empathy
- * Respect
- * Genuineness
- * Unconditional Positive Regard
- * Warmth
- * Acceptance
- * Congruence
- * Courage to Confront

Some Therapist Causes of Resistance(Adapted from Leahy 2001,Linehan, 1993, Mitchell 2012, Pucci, 2006)

- * Failure to establish a good therapeutic alliance
- * Belief in the “unmotivated” client
- * Validation Resistance-failure of the therapist to provide emotional validation.
- * Overlooking client values

Some Therapist Causes of Resistance(Adapted from Cheydeur 1999, Leahy 2001, Linehan, 1993, Mitchell 2012, Pucci, 2006)

- * Superficial decisions and artificial action plans
- * Not recognizing the client's stage of change
- * Poor timing by the therapist
- * Cognitive Distortions of the therapist
- * Misuse of questions and probes
- * Advice instead of information

Some Therapist Causes of Resistance(Adapted from Linehan, 1993, Mitchell 2012, Pucci, 2006)

- * Imbalance of change versus acceptance
- * Imbalance of flexibility versus stability
- * Imbalance of nurturing versus demanding change
- * Behaviors showing lack of respect for the client
- * Failure to recognize secondary gain(s)
- * Client/therapist mismatch

Possible causes of client resistance



FEAR

What are some things client's might fear?

- * Fear success
- * Fear failure
- * Fear change
- * Fear of fear itself



Using Motivational interviewing – what are some ways you can find out if and what client may fear?

Using CBT what role does Fear play

A > B > C

Lack of options

- * Our clients only know what they know
- * Sometimes our clients need habilitation instead of rehabilitation
- * Sometimes they really don't know what that they have as options
- * They may not have the same options that we may have



One motivational interviewing tool that we can use here is ask yourself from your client's perspective (empathy)

“If I was in this situation, with their resources, what would or could I do”



What are some ways our client's resources are limited

- * Client may have limited their own resources by their current or past behavior
- * Financial
- * Insurance
- * Transportation
- * Support system



What motivational interviewing tools could you use to help determine client's view on options they have

- * Readiness ruler (how confident)
- * Open ended questions
- * Reflective listening



How can CBT be used to melt resistance with lack of options.

- * Identify beliefs, challenge irrational beliefs

Cultural Value Clashes

Too often we make therapy about compliance with therapist goals and desires (our Values) and not attempting the client to become the best they can be.

It took me years of working in this field to be able to truly grasp and understand that just because certain things are important to me, doesn't mean these same things are important for that client.



Ways to use Motivational Interviewing to melt resistance for cultural value clashes

- * Roll with resistance
- * Truly meet the client where they are (they may be ok with being in prison, or homeless etc)

Using CBT

- * What is the client's belief about what they can do or expect to do for themselves.

Overreaction

Clients (people) tend to over-react to rigid treatment plans and non-adaptive approaches to therapeutic interventions.

I added people because as staff are we really any better.
Let your supervisor or administrator say we are going to change the way we

And you will see an intense overreaction!



Mike can tell you since we have worked together for almost three years now, that I have overreacting (catastrophizing) mastered.

As humans when we are pushed we tend to push back, when we are pulled we tend to pull back. Why would our clients be any different? We are talking about them changing their life.



How can motivational interviewing help with overreaction?

- * Roll with resistance
- * Empathy (this is their life we are talking about changing)
- * Reflective listening – validates client's feelings



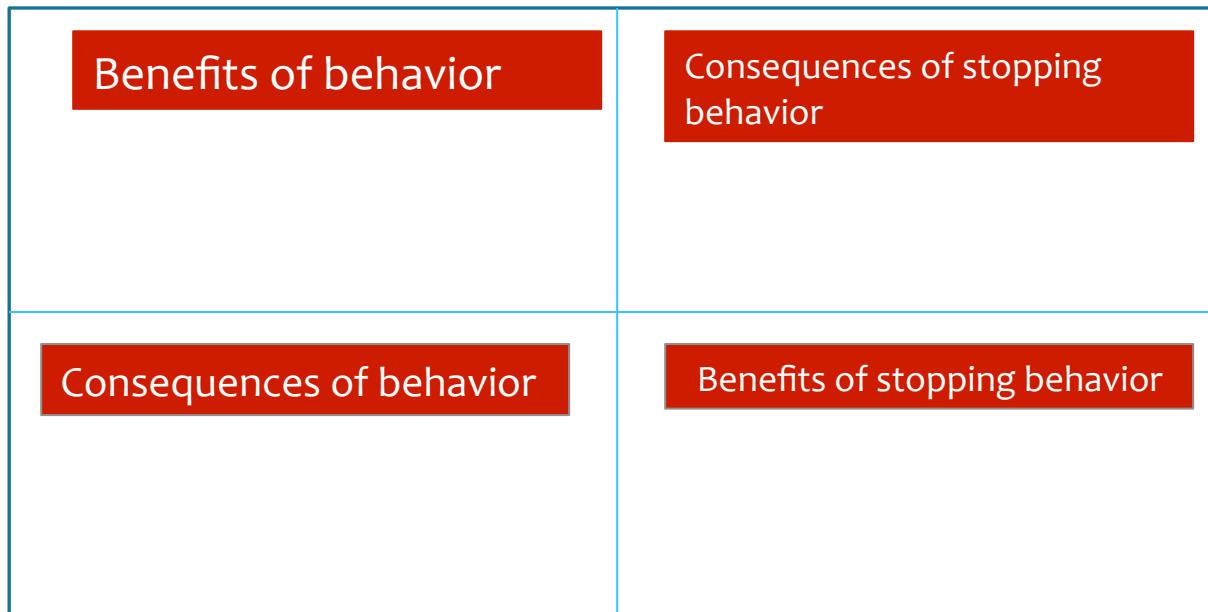
How could CBT be used to help with clients who are having an overreaction?

Clients needs are met

As therapists we have to recognize that the behaviors the clients are using helps them get their needs met. It may not be the healthiest way possible, but the needs are met.

If we fail to recognize that clients are having needs met by their drug use or behaviors, we will not be able to move forward.

One tool of Motivational Interviewing that can be used is the decisional balance.





Has anyone ever used this tool in a group?

When we use this tool and accept that clients do get the short term reward for the unhealthy behavior the clients will most often identify they want the long term reward and then we can work on a plan.



How can CBT help with “clients needs are met by this behavior”?

Familiarity Trap

We as humans can become familiar and even comfortable with most anything. It is in part how we survive.

A lot of our clients have became familiar with their level of pain and or their level of problems. They may not like or enjoy it, but they are used to it. Which makes it difficult to change to something they are not familiar with.

Use your client's resistance to help them break free



References

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