

Working With Resistive Clients

Facilitator:

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www.kbsolutions.com/2DaysTanner.pdf

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Both the link and the password are case sensitive. The file will be available until 17:00 on Thursday, June 16th.

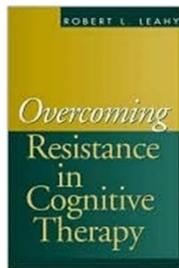
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Resistance to Treatment

Abridged from “Overcoming Resistance to Cognitive Therapy”

by Robert Leahy

2001 Guilford Press



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- 1. Handicapping** – Self limiting behaviors
- 2. Investment** – Seeking consistency & reduced complexity
- 3. Validation** – Rumination over awfulness of situation
- 4. Self & Duty** – Exaggerates self as cause of problems
- 5. Other Focus** – Exaggerates others as cause of problems
- 6. Avoiding Loss** – Believes stasis protects against future loss
- 7. Personal Schemas** – Cannot read environment, does scripts

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Approaches to Handicapping

1. Identify client's primary goal and conjointly examine how current behavior is related to that goal.
2. Examine clients' A) Attitudes, B) Intentions C) Past efforts
3. Identify and evaluate cognitions (True, Logical, Helpful)
4. Examine underlying belief system of client.
5. Set realistic end points for "success" (re-define success).

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Approaches to Sunk Cost

1. Explain. "If you had to do it all over again, would you?"
2. Contrast SC with Future C/B. "Loss now vs loss in future"
3. Extremes distortion (none – sum thinking... 'all a waste')
4. Examine fears about change. What are they afraid of?
5. Examine loss of admitting error ("What would **they** think?")
6. Examine push to win – 'weakness' 'quitter' 'wrong'
7. Wise man decision
8. Develop a plan for change

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Approaches to Validation

1. Understand the need for validation – seek how it feels
2. Temporarily lessen push for change – ‘go with the flow’
3. Identify and explore need for validation
4. Downward cascade to underlying belief
5. Blend validation with commitment to change

Approaches to Self & Duty

- Differentiate “could have” from “should have”
- Test reasonable person/expectation
- Differentiate good should from bad should
- Examine “rules of engagement” – what is socially expected?
 - Is this rule for everyone?
 - Responsible even if person can’t do it?
 - Reasonable to expect what almost nobody does?
 - Does this rule enhance human dignity?
- Help client learn to accept own limitations

Approaches to Victim Role

- Validate the suffering, not the “uniqueness”
- Examine contents of the victim script (True, Logical, Helpful)
- Help client accept ‘givens’ move toward ‘options’
 - Hayes et.al. Acceptance and Commitment Therapy
 - Accept feeling bad, chose a value, take different steps
 - Give up ‘hopeless’ strategies, seek new ones
 - Set goals to engage a process and maintain a direction.

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Approaches to Loss Avoidance

- Explore fear of change (upper right hand quadrant of DBG)
- Test reasonable person/expectation rule
- Examine commitment to stability
- Examine negative competence
- Examine “loss of gain” – what losses are had by gaining?

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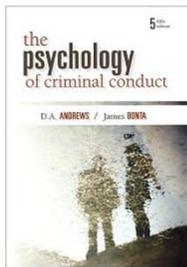
Approaches to Schemas

- Cannot remove beliefs, must work at recording level
 - Identify beliefs through downward cascade
 - Identify and evaluate recordings

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What works in changing people ?

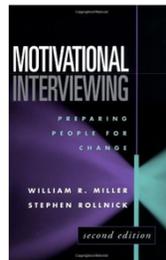
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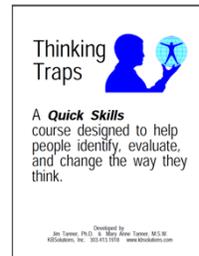
Don Andrews
James Bonta



James Prochaska,
John Norcross
Carlo DiClemente



William Miller
Stephen Rollnick



Jim Tanner

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What Works in Changing Offenders

- Five major factors cause criminal conduct.
 - Antisocial/procriminal attitudes, values, beliefs.
 - Procriminal associates and isolation.
 - Temperament and personality.
 - History of antisocial behavior.
 - Low levels of education, poor employment history.

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Six Promising Targets for Change

- Changing antisocial attitudes, values, beliefs.
- Reducing antisocial peer associates.
- Promoting identification with prosocial role models.
- Increasing self-regulation skills
- Relapse Prevention approaches.
- Removing barriers.

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Three Principles of Effectiveness

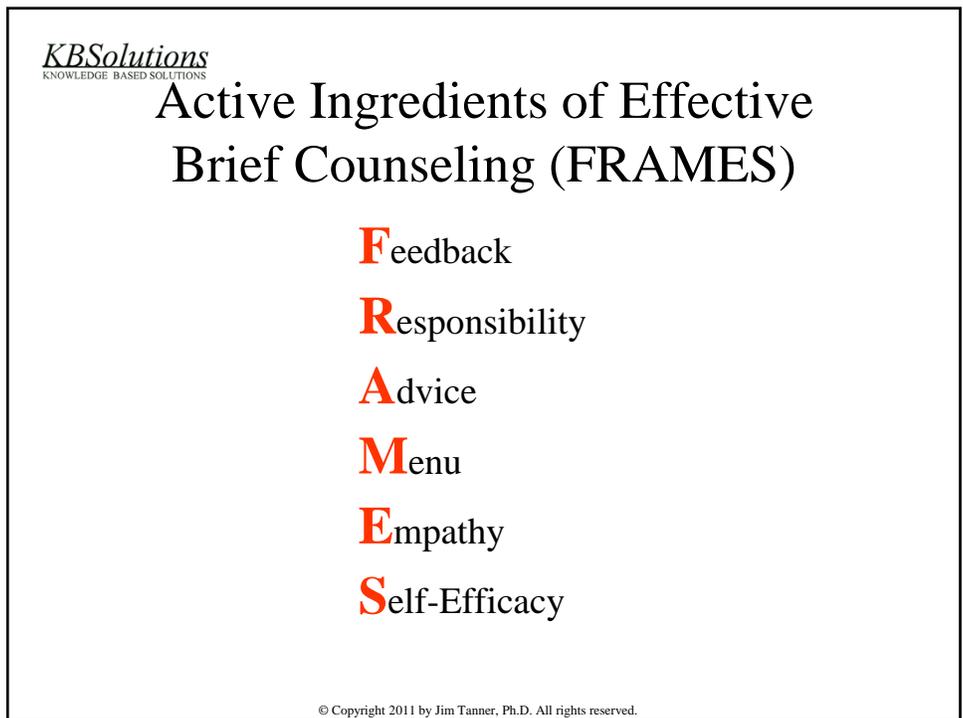
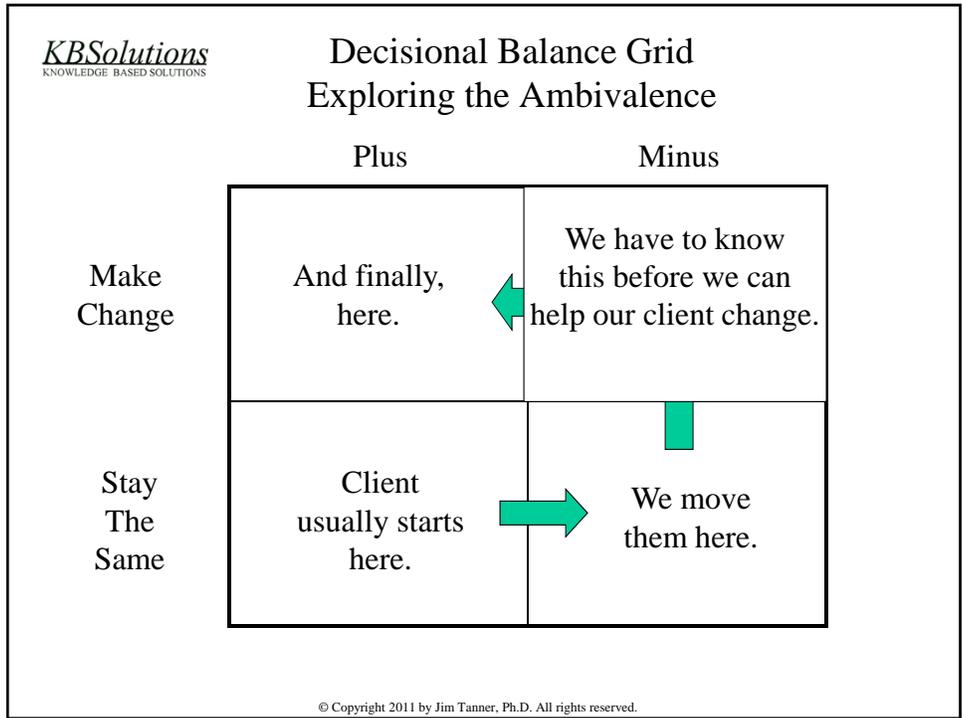
- Assess for risk.
- Assess for criminogenic needs.
- Adjust for responsivity of client.

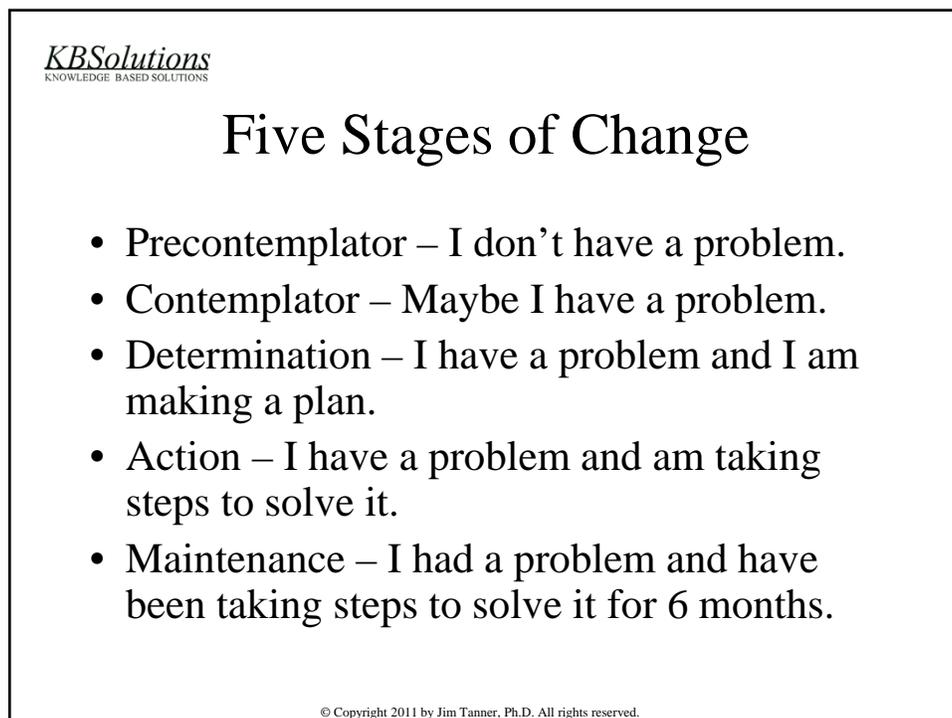
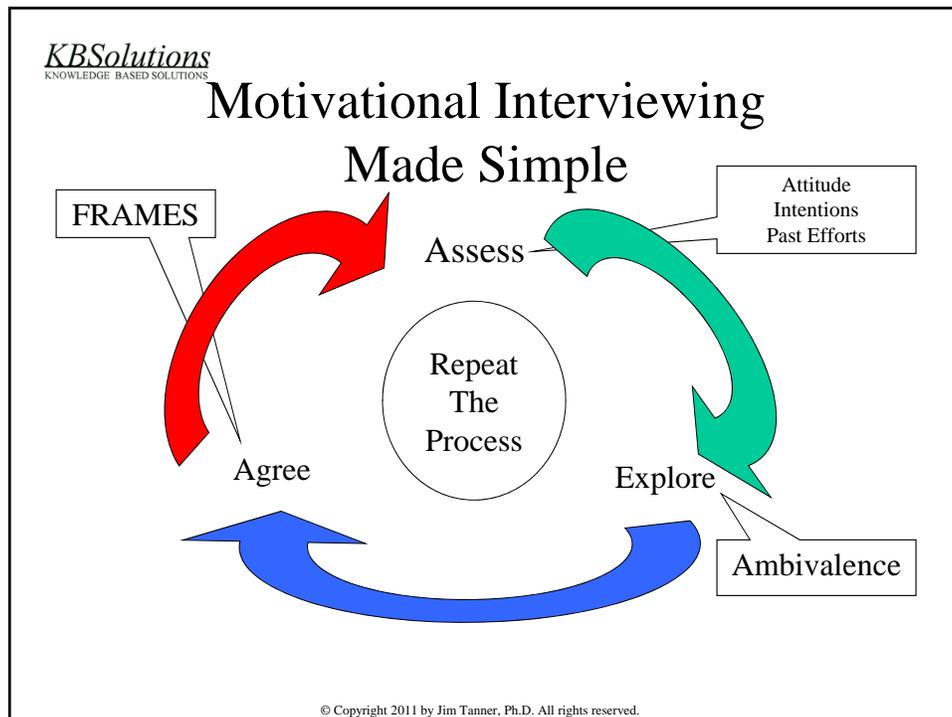
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Elements Of A Good Program

- Uses thorough assessment which measures Risk, Need, and Responsivity.
- Balances short term (containment) and long term (treatment) community safety.
- Provides services which:
 - Identify, evaluate, and change attitudes, values, beliefs.
 - Develop skill based approach to prosocial behavior.
 - **Motivate client toward change.**
 - Reduce relapse potential.
 - Reduce antisocial associates.

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Eight Building Blocks to Motivation

1. Giving Advice
2. Removing Barriers
3. Providing Choices
4. Decreasing Desirability
5. Practice Empathy
6. Provide Feedback
7. Clarify Goals
8. Active Helping.

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Fundamental Principles of Motivational Counseling

1. Express Empathy
2. Develop Discrepancy
3. Avoid Argumentation
4. Roll with Resistance
5. Support Self-Efficacy

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Express Empathy

- Acceptance facilitates change.
- Skillful reflective listening is fundamental.
- Ambivalence is normal.

Develop Discrepancy

- Awareness of consequences is important.
- Discrepancy between present behavior and important goals will motivate change.
- Client should present the arguments for change.

Avoid Argumentation

- Arguments are counterproductive.
- Defending breeds defensiveness.
- **Resistance is a signal to change strategies.**
- Labeling is unnecessary

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Roll With Resistance

- Momentum can be used to good advantage.
- Perceptions can be shifted.
- New perspectives are invited but not imposed.
- The client is a valuable resource in finding solutions to problems.
- When you meet resistance, look at your approach – **explore the ambivalence.**

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Support Self-Efficacy

- Belief in the possibility of change is an important factor.
- The client is responsible for choosing and carrying out personal change.
- There is hope in the range of alternative approaches available.

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Five Steps Which Build Motivation Toward Change

1. Ask open ended questions.
2. Listen reflectively.
3. Affirm.
4. Summarize.
5. Elicit self motivational statements.

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The Four Categories of Self Motivational Statements

- Problem recognition.
- Concern.
- Intention to change.
- Optimism.

Four Primary Modes of Client Resistance

1. Arguing
2. Interrupting
3. Denying
4. Ignoring

Handling Resistance

- Simple Reflection
 - Acknowledgement of client's disagreement can often lead to exploration rather than defensiveness.
 - “I don't have an anger problem, I only get mad when other people deserve it.” ... “It seems that the real reason you get angry is because of other people.”

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- Amplified Reflection
 - Reflect the client's comments with exaggeration (more extreme than client).
 - “My wife is exaggerating, I've never been that bad.” ... “She doesn't have any reason to be concerned about you.”
 - Remember assimilation-contrast theory!

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- Double-sided Reflection.
 - Acknowledge the client’s statement and add the other side of the client’s ambivalence.
 - “I don’t have an anger problem, everybody exaggerates how much I get angry” ... “You can see that sometimes you get overly angry, but think people are making too much of it.”

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- Shifting Focus
 - Go around barriers rather than trying to climb over them.
 - “I’ve got some problems with drinking, but I’m not an alcoholic.” ... “I don’t think that is the issue at all, and I don’t want you worrying about it. I am worried though, as you are, about some of the things that are happening in your life. Tell me a little more about...”

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- Agreement with a twist.
 - Offer initial agreement, but with a slight twist or change in direction.
 - “Why are you and my wife so stuck on my drinking? You’d be drinking too if your family was always nagging you.” ... “You’ve got a point there. There is a bigger picture and I may have not been paying enough attention to it. Drinking problems like these do involve the entire family. I think you’re absolutely right.”

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- Emphasizing Personal Choice.
 - Assure the client that it is (s)he that determines what happens.
 - “What you do with this information is completely up to you.”
 - “If you decide you don’t want to change, then you won’t. If you want to change, you can. It’s your choice.”

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- Reframing
 - An additive approach rather than a supplantive one. This is “traditional” therapeutic intervention.
 - Take information offered by client and reframe it to help the client explore ambivalence.
 - “I seem to be depressed more lately.” ... “That is hard. What else has happened more lately?”
 - “I seem to be depressed more lately.” ... “You mentioned earlier that your job duties changed recently. Could there be any relationship?”

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- Therapeutic Paradox.
 - Prescribe the problem.
 - “It sounds like you really don’t want to change, your lifestyle has worked for you in the past and it seems to be working for you now. Perhaps you should just continue as you are. Why put the energy into change if you don’t really want to.”
 - **Use this carefully and as a last resort.**
 - You must not be glib or sarcastic, but straightforward in your presentation.

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Seven Signs of Readiness to Change

1. Decreased resistance
2. Decreased questioning about the problem.
3. Resolve.
4. Self-motivational statements.
5. Increased questions about change.
6. Envisioning.
7. Experimenting.

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Thank you for your attention.

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