

# Reducing Resistance in Dyadic Conversations: Applications in Administrative and Clinical Settings

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# Learning Objectives

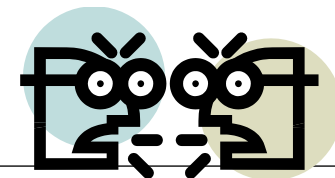
## The participants will:

- Learn the definition of resistance **in both clinical and other settings**
- Experience what it sounds and feels like in a learning environment
- Learn techniques to elicit the meaning behind the resistance
- Return to work with new insights and techniques for reducing resistance in interpersonal communication and improving conversations
- Participants will be better equipped to assist their clients and employees to succeed



# Introduction

- Conversations between two people often include resistance dynamics. Patient and counselor, client and consultant, employee and employee, family members and spouses --- all of these frequently include resistance. It can be mild, intense, manipulative, overt or implied. **Resistance has meaning.** When the meaning is understood and handled appropriately, communication improves.
- This workshop presents techniques for reducing resistance and using the presence of resistance therapeutically. There will be time for questions and problem-solving. The presenters have years of experience in the clinical and organizational settings, and will combine their techniques to cover a wide range of applications..

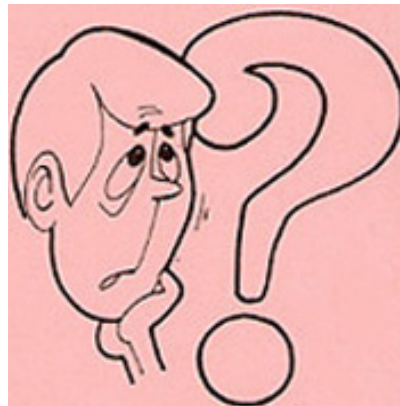


- How have you experienced Resistance with either a client or an employee?



- IMPORTANT NOTE:

\_\_\_”over 400 theories of counseling and psychotherapy acknowledge Resistance as a common therapeutic experience and client response” (Watson 2006)



# Exploring Resistance

- There are several Definitions of Resistance in both clinical and human resources literature.
- There are entire clinical courses on resistance (i.e. Clifton Mitchell, Ph.D. on line course).
- Freud first postulated that client resistance was to avoid anxiety OR the non acceptance of the therapist/counselor's view of their problems and was mostly unconscious. (This led to more of fault finding in client is considered by some as outdated.)
- Later definitions included client reluctance, expressed opposition, or unwillingness to change.

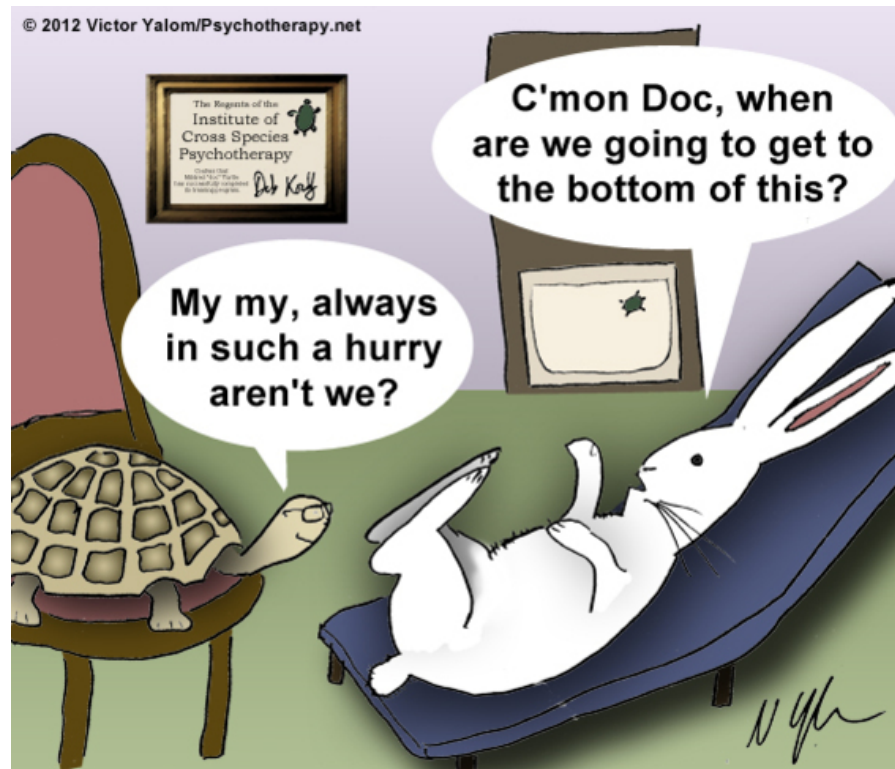
# Exploring Resistance

- Some cognitive therapist/counselors (and supervisors) then suggested that resistance includes both the cognitive distortions of the client, as well as, the therapist/counselor's agenda and perhaps the unwillingness of the therapist/counselor to change the therapeutic approach.



# Exploring Resistance

- Social Interaction theorists see resistance as the interplay between the communication styles of both of the client and the therapist/counselor.





# Exploring Resistance

- Behavioral therapist/counselors postulated that the client has secondary gains achieved by maintaining the less healthy behavior(s).



# Exploring Resistance

- Whatever your school or training neither the client or the therapist/counselor will move toward a successful outcome when resistance is not addressed.



“Yes, we are going in circles. How do you feel about that?”

## What does Resistance Feel Like to the Therapist/ Counselor? (or Employee)

- The client fails to complete any assignments.
- You are working harder than the client.
- You start to dread sessions with this client.
- You feel drained after the session.
- You hear YES BUT from the client.
- You start thinking about the client when you home watching TV.
- You start using defensive body postures in the session.
- You start giving clients answers instead of working toward helping them see the answer for themselves.
- You start arguing with the client.
- You start thinking “this client is a waste of my time”



- Remember the client in many cases is probably feeling the same way about you and is now in double discomfort from both their original problem and now their experience with someone who is supposed to be helping them.\*

\*Keeping in mind that resistance in some cases is the client's avoidance of taking personal responsibility for their behavior or they enjoy tugging the chain of authority figures. This is the exception not the rule.



## Important Concept

- Resistance is the rule not the exception.
- The therapist/counselor must learn to both recognize it and address it appropriately.
- Being prepared with some therapeutic approaches before it occurs is a critical clinical and administrative tool.



Exercise here

## Viva La Difference

- Let's stop here for minute and differentiate between the client/therapist/counselor vs the employee/supervisor relationship in regards to Resistance
  - The therapist/counselor's role is to help the client discover themselves and help them to move toward healthier behaviors. The therapist/counselor cannot demand that the client change. Consequences are indirect-i.e. report to parole officer, etc.
  - The supervisor's role is to help the employee succeed in their job and grow toward better performance. The supervisor holds managerial oversight of the employee and can demand a behavior change and provide the consequences.
- Even with this difference many of the same techniques for addressing resistance can be utilized.

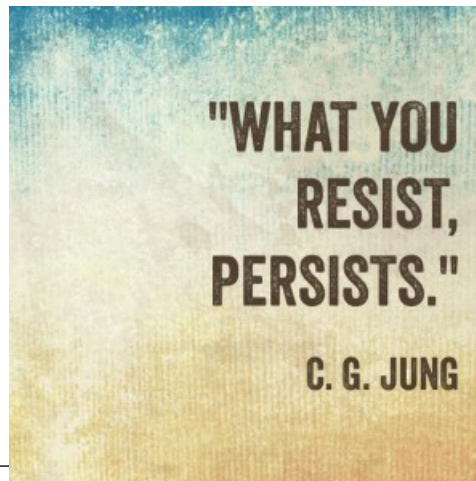
# Dealing with Resistance in Employees

- Remember that supervisors can create and apply consequences for resistance.
- The range of behaviors is the same in therapy and the workplace settings.



# Dealing with Resistance in Employees

- Change and resistance are sides of the same coin.
- Participation in planning for change reduces resistance.
- “—resistance to methods changes could be overcome by getting people involved in the change to participate in making it” (Paul Lawrence, Harvard Business Review, January 1969)
- Don't give energy to the resistive person through your own resistance.





# Categorizing Resistant Behaviors

- One of first attempts to classify resistant behaviors was done on 1989 by Akira Otani
  - Response Quantity---Minimal talk
  - Response Content---Small talk or intellectual
  - Response Style---manner, seductive, discounting
  - Logistic Management---late or missed apt, violating rules



# Change and Transitions

- Lets's stop for a minute and look at the difference between Change and Transition
- Change is situational and external; you can see the change with your eyes

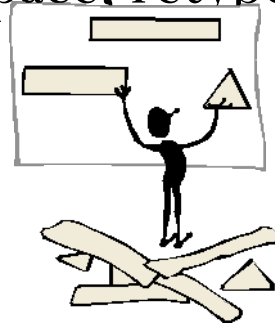


- Transition is individualized and internal; it is happening within the client



# Change and Transitions

- Humans can easily change “things” in their environments (rearrange working space, retype schedule, change spouses, etc.)

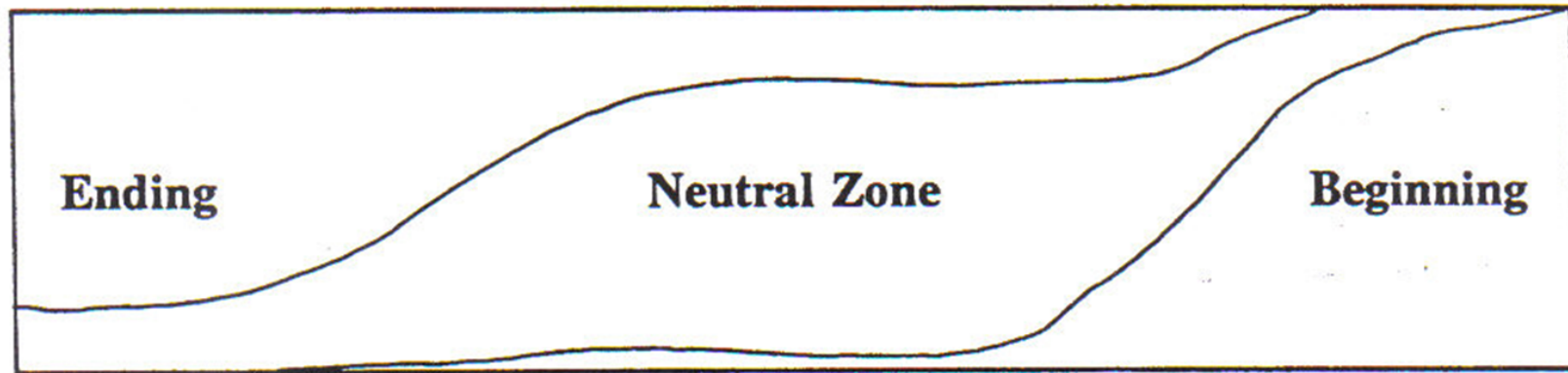


- Humans change thoughts and feelings internally through a *process* called “psychological transition.” This is the goal of therapy



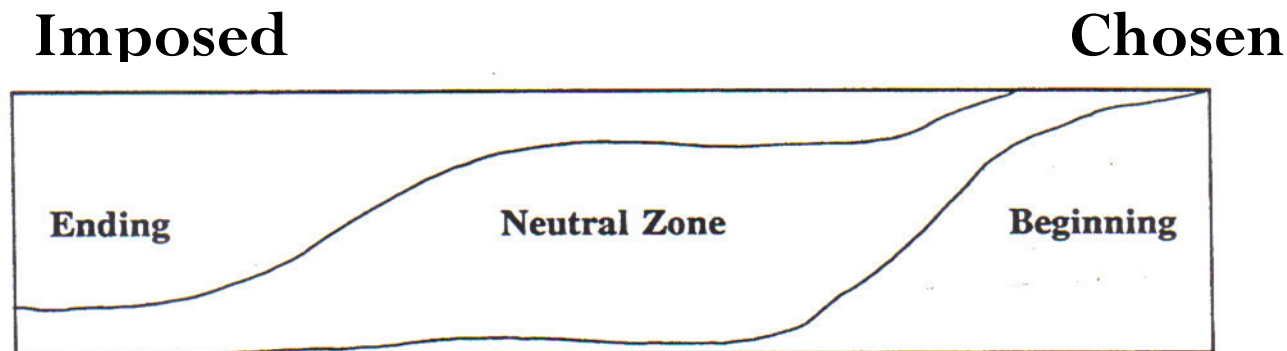
# Bridges' Transition Model (Bridges 1991)

## Internal Transition



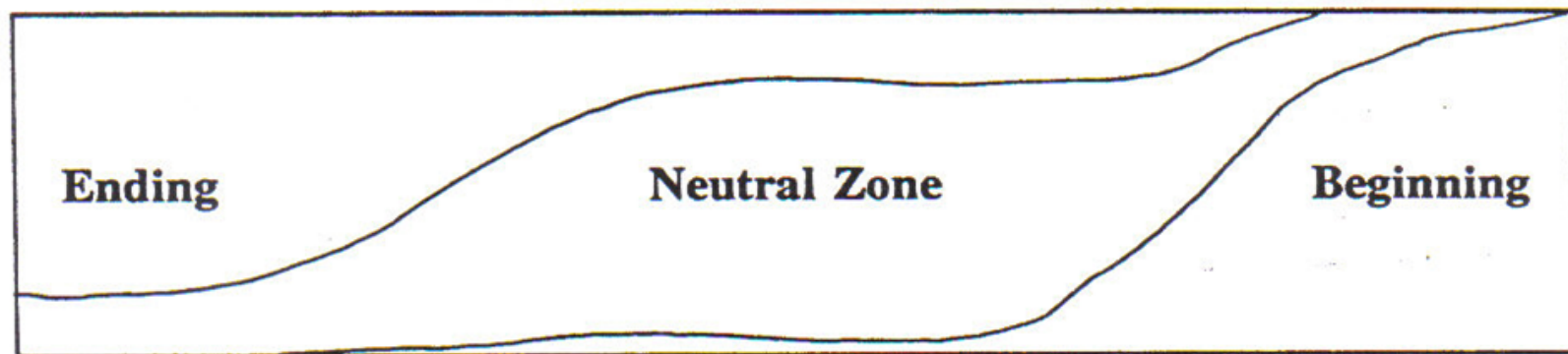
# Chosen or Imposed

- When the Change is *chosen* the transition moves from Right to Left. It is first perceived as a “BEGINNING.” <
  - I am coming voluntarily to therapy.
- When change is not chosen or is imposed the transition moves from Left to Right. It is first perceived as an “ENDING.” >
  - I am being court ordered to therapy.



# A Moment in Time

- Moving through this is a dynamic process.
- Note that the model is fluid. At a moment in time an individual may be in two different stages of the transition.
- The “speed” at which an individual moves through the process is very individualized.



# Let's talk about Speed of Change

- George Leonard (founder of the Human Potential Movement said:

“Resistance is proportionate to the size and speed of change, not to whether the change is a favorable or unfavorable one.”



In other words if you try to change too fast the more likely to revert to old behaviors! Your clients or staff will give behavioral clues regarding this.

## Expressions of Resistance that can be observed:

Resistance can occur at either Beginnings or Endings

- Denial
- Anger--lashing out at others
- Assuming victim's role
- Emotional withdrawal
- Passive aggressive behaviors
- Physical illness
- Apathy to tasks



# Expressions of Resistance

Resistance can occur at either Beginnings or Endings

- Questioning
- Fear
- Excitement
- Anticipation
- Relief
- Inability to concentrate

## Resistance Can Mean Psychologically the Client----

- Does not know how to be client
- Does not want to be there
- Has been hurt before in 1:1 relationships
- Is feeling shame
- Is afraid to fail
- Is afraid to open up



# Resistance Can Mean Psychologically the Client---

- Is afraid of loss of control
- Is afraid to give up unhealthy behaviors--  
destabilize family
- Is afraid to accept responsibility for self
- Feels that therapist/counselor is too invasive  
psychologically
- Feels the therapist/counselor is getting close to  
the real truth



# Resistance Can Mean the Client---

- Is passive aggressive with deep seated anger
- From life experiences feels authority figures cannot be trusted
- Enjoys manipulating others including the therapist/ counselor
- Their life position utilized most has been arguing or resisting and they find stimulation in this
- Slow progression to keep getting therapist/ counselor's attention

# TECHNIQUES FOR DEALING WITH RESISTANCE



## Common “Behaviors” Utilized in Resistance Communication

- 1. Save Me Save Me
  - 2. Punish Me--Please!
  - 3. Gotcha Therapist/ Counselor
  - 4. One and Only
  - 5. Dr Freud
- 
- Note: These can be seen in both individual and family therapy sessions

# Save Me Save Me

- In this behavior the client acts as they are unable to function without direct advice from the therapist/counselor.
- This usually is seen with inexperienced therapist/counselors who want to help the client comply by spelling out in detail what the client should do.
- The client has no intention of following this advice.

**PAYOFF:** This behavior reinforces the client's negative belief system about themselves—"See I am no good as I could not even follow your good advice."

Some of this can be totally subconscious in the client



# Intervention for Save Me Save Me

- Hesitate in giving direct advice.
- Explore options for alternative behaviors.
- Allow client to make the choice
- Assist them to see clearly that the responsibility for choice or change is with them.
- “I am providing you the tools but you are responsible for using them.”





# Punish Me Please!

- In this behavior the client can act as if operating on a prearranged negative script with almost every rule you laid out in orientation being violated. It is as if they are asking to be dismissed from therapy (i.e., late, overt verbal responses, texting, etc.)
- **PAYOFF:** This behavior reinforces the client's unhealthy need to be punished and gives credence to their false belief that they are not capable of change.



# Intervention for Punish Me Please

- Openly explore the potential payoff with the client.
- Assume a firm but kind position.
- WITH the client set short term attainable goals--one at a time.
- Give positive reinforcement when the client does meet the goal.
- Openly display the belief to the client that they can change.



# Only You

- In this behavior the client takes the position that no one on the face of the earth can help them except you the therapist.
- This can be very flattering to the therapist.
- They can refuse to follow-up with any referral or group attendance.
- **PAYOFF:** This behavior is a protective response to maintain denial and/or not wanting to face confrontation from other professional change agents.



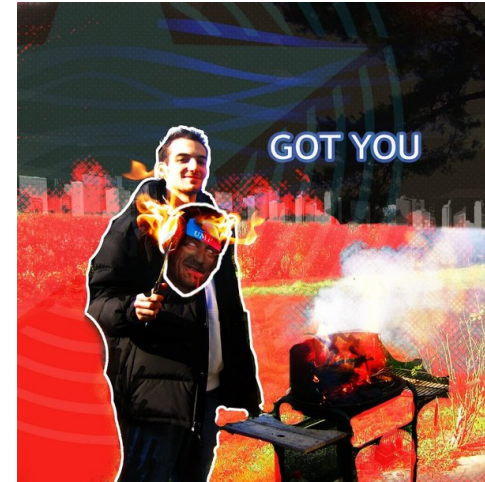
# Intervention for Only You

- Reflect back to client that if they have so much confidence in you that surely they will follow through on your recommendations.
- Explore their reasons for not wanting to use other recommended resources.
- Explore the payoff aspect of their belief in “only you.”
- Keep in mind that when you are on pedestal you have one way to go and that is DOWN.



# Gotcha!

- This behavior can be very threatening or raise anxiety in the therapist.
- It can be manifested by
  - Questioning your competence
  - Questioning your motives
  - Comments about your behavior
  - Subtle verbal threat(s)
- **PAYOFF:** This behavior temporarily allows the client to feel superior to your and/or takes the focus off the client. It can also reinforce guilt feeling in client to support low self-esteem.



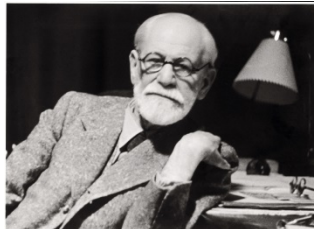
# Intervention for Gotcha

- Be careful not to overreact.
- Openly focus the session back on the client.
- Remind them of why they came to you in the first place.
- Explore with the client their motivation for their statements.
- This sometimes needs the ‘broken record’ approach—we are here to focus on you.
- Contract with them to focus on themselves.



# Dr Freud

- This behavior can often be seen in clients who are professionals or have had a lot of therapy.
- The client's responses are like a lecture from a psych 101 class and are highly intellectualized.
- They “sound so good” it seems like they are going well in therapy but there is often little affect or feeling tone in the expressions.
- **PAYOFF:** This behavior payoff is obvious—they are unable or fearful of recognizing and/or processing emotions. This allows the client to avoid looking at “what hurts” and stops insight and growth.



# Intervention for Dr Freud

- This often requires a long term, slow approach as the client can be very fearful of emotions and etiology can be in early trauma.
- Resistance behaviors can intensify if the client is “pushed to open-up” (even decompensate severely).
- Gently explore starting with an emotion that seems to be less threatening to a client.
- Sentence completion questions are helpful.
- Gestalt or hypnosis therapy is often helpful.
- Seek consultation from your peers.





Behavior	Intervention
1. Save Me Save Me	Hesitate in giving direct advice; assist them to see clearly that the responsibility for choice or change is with them
2. Punish me Please	Openly explore the potential payoff with the client; WITH the client set short term <u>attainable</u> goals--one at a time
3. Only You	Reflect back to client that if they have so much confidence in you that surely they will follow through on your recommendations; explore the payoff aspect of their belief in “only you.”
4. Gotcha	Be careful not to overreact. Openly focus the session back on the client.
5. Dr Freud	This often requires a long term, slow approach as the client can be very fearful of emotions and etiology can be in early trauma; gently explore with an emotion that seems to be less threatening to a client.

- How has your Learning Objective changed since you have experienced this session?



**ANY QUESTIONS?**

**Thank you for your participation!**

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