

How to Work with a Client's Resistance

How to Engage With a Willful Client

with Ruth Buczynski, PhD; Marsha Linehan, PhD;
Ron Siegel, PsyD; and Kelly McGonigal, PhD

National Institute for the Clinical
Application of Behavioral Medicine





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Dr. Buczynski: How do we work with a willful client without triggering even greater resistance?

Dr. Marsha Linehan has developed some useful ways to handle these types of situations.

But as Marsha warns, it requires a measured approach—or it can quickly make a bad situation worse.

Dr. Linehan: I had this wonderful client. She used to come into Skills Group, put her feet up on the table, and say she was not going to do a thing.

I always said to her, “Just tell me something. I take it you’re being willful today, right? Are you feeling willful today?”

She said, “Yes, I am.” I said, “How long are you planning on being willful? Because I’m willing to wait you out – and sooner or later, you’re going to have to give up being so willful.”

“Well, I’m not doing it now,” and I said, “All right. Let me know. How about in 10 minutes – what do you think?”

In Skills Group, I often take a willful person and have her sit next to me and I will say, “Come on, sit over here next to me.” I’d put my hand on her and she got angry and said she didn’t want to do anything, I’d say, “Oh, come on...”

It’s a lot like that “good old boy” approach of “Oh, come on – I know you can do it. It’s not going to be so terrible. Just sit here next to me.”

In many ways, it’s like working with a two-year-old. I’ve got a three-year-old granddaughter right now, and when she starts screaming, yelling and crying, all you can do is just keep soothing her until you get her mobilized again to do whatever she has to do or doesn’t want to do. Working with resistant clients is not that much different!

The key is: You need to have a reason for the behavior you want them to change.

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them to change.”

I've had people do all sorts of things. I had another person who used to come in and clean out her purse every time she came to group therapy; she would walk in with her purse, open it up, and out everything would go.

Then she would – she was a scientist and used to read science papers while she was waiting for group to start and as soon as group started, she opened her purse.

“It's just as well to ignore willfulness. Assume that they're going to do what you want them to do sooner or later—and be willing to wait.”

I treated her like she wasn't doing any of that – I treated her like she was just part of the group and rolling along – fighting with somebody makes it worse than ignoring the behavior.

It's just as well to ignore willfulness. Assume that they're going to do what you want them to do sooner or later – and you're willing to wait.

Dr. Buczynski: What happened to the scientist?

Dr. Linehan: She did well. I just let her clean her purse out. There were other people who knit. They get too anxious so they bring in any number of things to do.

Too many big rules about what they can and cannot do – then things don't go very well. You have to let people stand up, walk around the room, and do things like that.

The trick to willfulness is to *not* be willful yourself. Your natural inclination is to be willful for them.

I've had clients who wouldn't come to group, and I simply did contingency management and said, “If you don't go to group – missing group is missing this therapy – then I'm not going to see you for your individual session.”

So, I have a fair amount of contingency management on behavior when I know the client wants something from me, but you have to be ultra careful.

Dr. Buczynski: What do you have to be *ultra careful* about...?

Dr. Linehan: You don't want to start punishing clients for behavior. That's the very behavior that brought them into therapy.

“When the client wants something, you have to be ultra careful not to punish them for their behavior.”

DBT doesn't let you kick people out of therapy when they're engaging in behaviors that brought them into

therapy in the first place.

If a client throws things... that's different. I've had clients where I say, "This behavior is problematic and this is the consequence for that behavior. When you do that, I'm going to do this."

But you have to be careful in doing that because it's easy to get vindictive and start punishing rather than doing a straight contingency management strategy.

Dr. Buczynski: There's a fine line between contingency management and punishment.

Here, Dr. Ron Siegel and Dr. Kelly McGonigal offer their thoughts on Marsha's points.

Dr. Siegel: Now there's a very classic psychoanalytic paper which everybody trained in psychodynamic

"If we're hateful toward our patient because they've been doing things that are difficult for us, things will go poorly because they'll pick that up."

psychotherapy in the Boston area still reads and read decades ago when I was training. It's a paper an analyst named John Maltsberger called "Countertransference Hate in the Treatment of Suicidal Patients."

His main hypothesis is if we're hateful toward our patient because they've been carrying on or doing things that are difficult for us, and if we're trying to even contingently reinforce behavior because we're mad at them, they're going to pick that up and things are going to go poorly because they're going to pick that up.

So, as a therapist, if we are setting a contingency — and there are times to do that if somebody is acting in ways that aren't going to work for the session, including maybe threatening us physically or not showing up and the like — I think the key is to know our own aggression here.

If it's coming out of anger, it's probably going to be counterproductive.

If it's coming out of care like a parent on a good day, then it probably will be helpful.

And here, I think, our own mindfulness practice can be enormously useful because we tend to notice where things are coming from. If it's our self-esteem being threatened or we're anxious that we're going to get in trouble if the patient acts up in a certain way or we're going to feel insulted by their behavior, and it's coming out of that, that's not going to work so well.

It reminds me of when I worked in a child community mental health clinic for years, almost all the acts of

abuse on the part of the parents (physical abuse, anyway) came from the parents' own sense of humiliation. They just couldn't bear that sense of humiliation.

And I think therapeutic abuse is similar – when we set limits in a way that's harmful, it's because there's some humiliation happening to us as a therapist, and we have difficulty with it.

So, my overarching thought is she's making a very good point.

And, therapists, know thyself.

“When we set limits in a way that's harmful, it's because there's some humiliation happening to us as a therapist, and we have difficulty with it.”

Dr. McGonigal: When contingency management has been effective in group therapy or one-on-one therapy, it's almost always a combination of positive social reinforcement and tangible reinforcement, like contingency management in addiction where people can receive money or other things that they value as a result of staying sober or taking other positive steps.

“**Contingency management** is most always effective as a combination of positive social reinforcement and tangible reinforcement.”

So, I just wanted to bring that forward because Marsha is right – punishing someone for doing something you don't want them to do almost never works, and almost always backfires. I think the research is very clear on that.

When you're thinking about this from a practitioner point of view – from the addiction literature, we know one reason that this doesn't work so well is because there's always competing positive reinforcement for behavior in the individual's social environment.

And in addiction, one is always thinking, “What is the positive reinforcement in their environment that I'm competing with because I'm trying to get them to do something else?”

And if you're a therapist and you think that your disapproval or rejection of your client is going to be more powerful than the approval or disapproval of people in their lives that they care about, their community, I think you might lose that one. You're thinking that you're going to sort of manipulate someone based on your own approval, but you might not be the most important person in that client's life.

So, I would definitely encourage people to think more towards the positive social reinforcement and other types of positive reinforcement as a learning tool.

Dr. Buczynski: What's clear here is that there are several ways of approaching a client's willfulness, but there are certain trapdoors that we'd be wise to avoid.