How to Work with a Client's Resistance

How to Sell Behavior Change to Your Most Challenging Clients

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Dr. Buczynski: How do we work with willful clients who resist treatment?

Now, this is a different side to resistance—a side that deals more with a client who is being disruptive or resistant to therapy.

According to Dr. Marsha Linehan, this kind of resistance presents some very real challenges.

Here, Marsha shares some practical strategies that can shift a client from willful to willing.

Dr. Linehan: We just finished a study of DBT with adolescents. My current thinking is that you can always find a resisting group when you work with adolescents.

"Resistance is the equivalent of willfulness."

I look at resistance as the equivalent of willfulness. I've certainly had my share of adult willful clients as well, but almost every teenager has some streak of willfulness.

That's why we have an entire skill called *willingness* which we try to teach. We have another skill called *effectiveness,* which we also try to teach. Effectiveness is much easier to teach than willingness – everybody wants to be effective but not everybody wants to be willing.

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First, you have to notice willfulness. Generally, based on my experience with willfulness, any attempt you have to be more willful than another willful person means that you will lose.

In other words, the harder you try to make them do what you want, the worse it gets.

You want to recognize that you have a willful person in front of you. I've had people come in, for example, to skills training in particular and be completely willful and not willing to do a thing.

I'll say, "I can see that you've been willful today. How long are you planning on being willful, by the way? I mean, do you think you'll be willful for a little while or do you think you'll be willful for a long time? What do you think?"

If they don't say anything, I'll say, "I think I'm going to wait around until you stop being willful."

But then I talk to them as if they're not very willful. I don't yell or scream at them or tell them to cut it out, but what I tend to do is simply recognize it and say, "All right. I'm hoping your willfulness goes down. I'm willing to wait on that."

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I keep talking to them as if they want to talk to me - even though they may not.

With teenagers, I usually tell them, "Being willful is your *best* quality.

You're going to have to fight for things in your life. All of us do as we grow up. There are going to be things you're going to have to fight for - and I can see you're not a person who's ever going to give up – and this is a very good quality to have."

This kind of turns the whole approach around – instead of criticizing them for being willful, you start to talk about the advantages of being willful, which makes it easier for them to *stop* being so willful.

Being willful is designed to try to keep you from making them do something – and now you're doing the opposite of what they're expecting you to do.

Particularly with willfulness, I'll say, "How long do you think you're going to be this way?"

Now, if the willfulness, on the other hand, is the person resisting therapy itself, then with teenagers I'll just say, "You're here anyway – your parents are making you come. Being willful is probably just taking up your time."

I've had a number of clients who don't want to engage in parts of the treatment.

First, you have to be sure they want the therapy you have to offer. I've certainly had clients who refuse to do half of what I want them to do, and I usually say, "Listen, you need to be clear about whether I'm the right therapist for you. Maybe you really don't want to do this/you're unwilling to do this with me."

"You have to be sure they want the therapy you have to offer."

You have to do that in such a way that it doesn't come across like you're trying to kick them out of therapy, which is very easy to do because you yourself often start *wanting* to get them out of therapy – they're so difficult.

You have to be sure you don't come across that way – otherwise, they'll say, "Why are you trying to kick me out?" Then, you say, "No, I just want to be sure you're getting the therapy you really want."

If you've taught the skill of willingness, you can talk about it with them. You can say, "Are you willing to practice this skill of willingness?"

Now, I have to admit, a lot of clients may refuse, which is when you say, "OK, there's nothing I can do about it."

But then, what you can do with a client who is very resistant is to go into having a conversation about what's really effective.

> "The average client wants to be effective—so you have to get them to pay attention to whether they're being effective or not in their own lives."

Now, in DBT, once a person does that, you can go into *wise mind*, which is going within yourself and asking: *Is this really effective*?

Effectiveness is another skill that we teach. The average client wants to be effective – in other words, usually they're not going to be against that particular point of view, so what you have to do is get them to pay attention to whether they're being effective or not in their own lives.

You can do that, which often is very effective, or you can wait them out.

I've had maybe in my whole career three people where I said, "If you don't want to do this, you are in the wrong therapy," and they've gone to a different therapist – I talk to people about how I am the wrong therapist for them.

When a person is unwilling to do the therapy itself, as opposed to a person who's willful in their everyday life, then what you're really going to be focusing on is wise-mind and effectiveness and asking, " Is what you're doing really *effective*?"

Then, you have to get a person to do another skill called *pros and cons,* which is, "Let's look at the pros and cons of continuing to fight this particular battle."

These are all strategies you can use. Another strategy is to try to figure out: *Are you afraid of something/Are you avoiding this for some reason/What do you think is going on?* This is more of a clinical assessment of what the controlling variable is – in other words, what is pushing them to avoid doing the therapy?

> "What is pushing them to avoid doing the therapy?"

Sometimes they're afraid. I've had *many* clients who are unwilling to experience the emotion of sadness. They say it's too painful and they're not going to do it.

"If you have a lot of sadness and grief in your life and you refuse to experience it, you can't go forward."

The problem is that if you have a lot of sadness and grief in your life and you refuse to experience it, you can't go forward.

With a person like that, you have to explain the value of giving up resistance and why it's so necessary.

As a therapist, you're now functioning as a salesperson and you're trying to sell a new behavior to the client – and to sell behavior, you've got to have a rationale for why in the world it will be effective and why it's going to help them.

"I look at my job as not so much a ***therapist*** as a ***behavioral salesperson***."

Your job is like selling cars, except you're selling behavior – I look at my job as not so much a therapist as a behavioral salesperson.

You have to have a good story of why the new behavior you're *selling* would work. You can give experiences of yourself – how it worked with you – or how it's worked with other people that you've worked with, or why this would be effective for them.

Then, you get them to just try a little bit at a time.

Often the problem is that what you're asking of the client is painful or difficult, and unfortunately, if they're in therapy, they already have an enormous amount of pain and difficulty.

But the only way out is to go through the painful parts, so I tell a story about how they're like a person in hell: "It's really hot in hell. You feel hot all the time, and the only way to get out of hell is to climb up the ladder, but the ladder is also hot. So, what always happens is that, as you climb the ladder, it hurts so bad, you drop off and you go back to hell and you think…if only I could be relaxed in hell and stay in hell… but it's really hot here and the only way out of hell is to climb up the damn ladder.

The fact that it's painful is true but there is *no other way out*. So that's what you've got to do – and I'm up here to help you do it."

"Most people need to be sure that you understand their pain and how difficult it is—the minute you start acting like the problem-solution is easy, you've lost."

You have to have different stories like that mainly because most people need to be sure that you understand their *excruciating* pain and how difficult everything is – the minute you start acting like the

problem-solution is easy, you've lost.

Dr. Buczynski: As Marsha noted, if a client doesn't feel that we're tuned in to their struggle, they can feel justified in their resistance. And rightly so.

Dr. Peter Levine has also worked with willful populations.

And he's developed some additional ways to bring down the resistance while helping the client participate in therapy.

Here's Peter—

Dr. Levine: I welcome resistance – if they're resisting that means they've got skin in the game – they're coming out of a passive role – they're doing something to engage the therapist.

"I welcome resistance. If they're resisting, that means they've got skin in the game—they're coming out of a passive role."

So, I support resistance – I honor it.

I remember once, there was a man named Milton Traner and I had the opportunity to spend a week staying with him and his wife in Honolulu.

The conversation came around to resistance. He said, "Peter, if I bump into somebody's resistance, I'd say, *Excuse me* – if I bump into somebody who is resistant, I would say more than, *Excuse me.* I'd say: *Let's see what's going on here – Let's see where that energy is*."

Instead of turning the energy against oneself, which is what happens in resistance, let's move the energy outward.

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So, that is one way I work with resistance, but sometimes the resistance comes out as hostility, which is a more active form.

For example, a long time ago, I was working with some young people that were sent by the courts because they were in some kind of juvenile detention. They would come in completely resistant, hostile.

A lot of times therapists say it is very difficult to work with adolescents. I disagree – adolescents bring in energy, vitality, and aliveness.

In any case, these kids would come in, and they did not want to be coming in They were going for one reason, because they did not want to go into JU V – they did not want to have to go into detention.

I would sign on for a few sessions, and I would say something like, "You know, you have absolutely no reason to trust me."

Obviously, trust was a big issue with these kids. "You really don't have any idea whether I can help you. I know you're suffering. You're in trouble here. I know things are going on. I know what's going on a little bit in your family, because it's on the record here. So, the question is: Are you willing to give it a try?"

I was respecting the resistance. I was meeting the resistance.

By saying that they had no reason to trust me, I was giving validation to the resistance and then asking them if they wanted to give it a try.

"By saying that they had no reason to trust me, I was giving validation to the resistance."

There's another example and this was in the '70s when I started working with people coming back from Vietnam.

To make a long story a little shorter, I set up a day on a Thursday, where anybody could come, and I would work with them pro bono.

This first Thursday, one person came in, and he just immediately started describing some of the horrific things that he did – that maybe he was made to do – I never mention it – it was just too horrific.

As he was telling me all this, I could feel myself getting light headed, nauseous, and almost like I would faint.

So, I used projected identification, or somatic resonance is more what I call it – it's also called somatic countertransference.

I said something like this: "You know, Bill, what you just told me..." I just described my sensations, and I said, "It wasn't because I was judging you. I know enough about war to know that really bad things happen, but when I felt those sensations – as horrible as they were – I was able to let them move through. I know how to do that – I've developed the skill for that. I imagine that might be helpful for you."

The next Thursday there was a line around Cedar Street, Bonita Street, and everybody from their group had come in.

We just did a group where I started to teach them some of the tools – and again, we did this so they could move out of the shutdown and the shame, which had so betrayed and immobilized them, and then get back into life.

"I started to teach them tools so they could move out of the shutdown and the shame, which had betrayed and immobilized them."

Dr. Buczynski: As Peter mentioned, a client's resistance can sometimes be their way of saying, I'm engaged.

And we can use that energy to find new opportunities to bring in the therapeutic work.

In the next module, we'll look at how to work with a client's ambivalence toward change.