

Working with Resistance

Session One

Introduction

How do you work with clients who do not respond to treatment? What do you do when clients don't seem to want to change? The purpose of this independent study is to define resistance to treatment and to explore several methods for helping both your clients and yourself deal with resistance.

The Substance Abuse and Mental Health Services Administration has identified several areas that social workers must be competent in. Some of these are:

- **Client engagement** – How can you start and maintain a therapeutic relationship with the client?
- **Assessment of Motivational Readiness** – Is the client ready and motivated to begin changing his or her behavior?
- **Staff Self-Awareness** – How are you influencing the client via body language, verbal responses, attentiveness, etc.?

All of these are important in beginning to work with a client who has been resistant to treatment.

To work with clients that resist treatment, we need to change some of our thinking about resistance and remember that it is a normal coping strategy for all people who are thinking about making a big change in their lives. Think about what your response would be if you were asked to change something about yourself or your habits. We are very similar to our clients in many ways, and we should remember that:

- Resistance is a normal response to change
- Resistance is just another word for ambivalence – we are not sure whether we want or are ready to make a change
- There is stress associated with any big change

Resistance is usually associated with the **pre-contemplative stage**, in which there is little or no consideration about changing the current pattern of behavior in the foreseeable future. Therefore, our task in working with a pre-contemplative individual is to increase their awareness of a need for change in their current pattern of behavior. This will lead to our goal, to engender in the client a serious consideration to change their problematic behavior.

Integration of Substance Abuse and Mental Illness Treatment: Treating the Co-Occurring Client

When we work with a client who is abusing substances, there is often an expectation that a mental illness will be present, just as when we are working with mentally ill clients, we often expect a substance abuse problem. While these disorders are said to be co-occurring, traditionally, treatment has evolved to treat either addiction or psychiatric problems and not both. However, it is interesting to note that the process of recovery for both types of treatments in regard to engagement and motivational enhancement is almost exactly the same, as can be seen below.

Addiction Treatment

- Engagement in ongoing treatment is crucial for recovery to proceed
- Begins with empathy and proceeds through phases of education and empathic confrontation, before patient commits to ongoing active treatment
- Motivational interviewing techniques
- Education about substance use, abuse, and dependence & empathic confrontation of adverse consequences are tools to overcome denial. Patients accept powerlessness to control drug without help.

Psychiatric Treatment

- Engagement in ongoing treatment is crucial for recovery to proceed
- Begins with empathy and proceeds through phases of education and empathic confrontation, before patient commits to ongoing active treatment
- Motivational interviewing techniques
- Education about mental illness and the adverse consequences of treatment non-compliance are tools to overcome denial. Patients accept powerlessness to control symptoms without help.

Part of the goal of “Working with Resistance” training is to provide strategies and approaches to overcoming resistance as well as creating a cohesive treatment for individuals with both addiction and psychiatric diagnosis

The Therapeutic Alliance

So what helps clients overcome their resistance to change? The most important factor in overcoming resistance is the client-service provider relationship. Remember:

- The therapeutic relationship **IS** treatment.
- Client ratings of the relationship are the most consistent predictor of improvement. If the client doesn't believe that you can help them change their behavior, they will be unlikely to overcome their resistance to treatment.
- The strength of the therapeutic bond is not highly correlated with the length of services. A strong client-service provider relationship can be established during the length of time it takes to conduct an interview. Think about your own experience with going to a new doctor. By the end of your first meeting, you knew whether you wanted to return to that doctor for further treatment.
- The **therapeutic alliance** is a more encompassing term for therapy that emphasizes a collaborative partnership between the client and the service provider. This partnership incorporates client preferences and goals into treatment and outlines methods for accomplishing those goals.
- An alliance is created through understanding, acceptance and respect.
- Most people begin therapy and/or services with the expectation that it will help. **Hope** accompanies this expectation.
- The presence of hope can make a significant difference in how people deal with stress, difficulty, and problems. It has been shown time after time, especially in the literature pertaining to those with co-occurring disorders, that hope is essential to successful treatment.

The therapeutic alliance is at its most beneficial when service provider is actively **listening** to the client. Here are some things to keep in mind:

- Be receptive to the unknown
- In working with resistant clients, you often take two steps forward and one step back.
- People often disclose in layers, "testing you to see what is safe to disclose." This process must be respected and honored.
- With every conversation between two people there are always at least six people present:
 - What each person said is two people
 - What each person meant to say are two more people
 - What each person understood the other to say are two more people
- Passing judgment restricts conversation and inhibits open communication between speaker and listener
- A good listener provides an open framework for communication, accepting the speaker for who he/she is"
- Be a vigilant inward listener. Pay attention to nonverbal cues such as body language. Ask yourself "Is there something the client is trying to say that I'm not getting?" and pursue what you don't understand.

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Exercise

1. Break up into groups (or journal on paper) about a situation when you needed the support of others. Share what your supports did that you experienced as a) helpful and supportive and b) not helpful and why..

2. Share an experience when you did something counter-productive despite conflicting advice. Explain why you did it anyway in the face of conflicting advice.

3. Think about a relationship that you have really felt supported in. What are the characteristics of that relationship that you value?

Overcoming Resistance

Session Two

Once you have established a therapeutic alliance with your client, you can then use several strategies to help your client raise their awareness of problematic behaviors and begin to overcome their resistance to treatment.

The first strategy is to:

DEVELOP DISCREPANCIES

- Discrepancies can be developed by demonstrating to your client that their personal goals are inconsistent with their current substance abuse behavior. To show them that their current behavior isn't consistent with their stated goals, it helps to:
 - Break down large, long-term goals into smaller, short-term steps
 - Use questions to explore how substance abuse may interfere with accomplishing those goals
 - Avoid direct argumentation with the client. You are not making value judgments about the client, but helping them to find a way to their goals.
 - You may use the behavioral observation form or daily self-monitoring sheet included in this independent study to help develop discrepancies.

A second strategy to work with resistance is called:

ROLLING WITH RESISTANCE

- The aim of this strategy is to overcome resistance to change by acknowledging and dealing with it without direct confrontation. Here are some tips on accomplishing this:
 - Don't overpathologize resistance; expect it. It is normal to be resistant to changes.
 - Explore resistance rather than oppose it. For instance, you may ask a client "Why are you scared today?" "What are some of your concerns about today's session?" "How can we make this a safe discussion?" rather than telling them not to be frightened.
 - Explore your client's concerns about sobriety or reduction of their use, the pros as well as the cons. What is the client giving up by no longer abusing substances?
 - They may be losing social or familial bonds. They may also be losing their coping mechanism for dealing with the stresses in their life. Exploring these concerns has the additional benefit of helping to prevent relapse. A Wellness Recovery Action Plan (WRAP) may help to prepare a client for living a life of recovery beyond maintaining sobriety.
 - Listen and reflect on what your client is saying.

A third strategy is one that involves the provider of services. Dr. Kenneth Minkoff devised this strategy to help service providers mitigate the frustration they sometimes feel when working with resistant clients. It is the:

EMPATHY MANTRA

- When individuals with mental illness and substance disorder are not following recommendations, they are doing their job. We need to keep in mind that resistance and fear of change is to be expected.
- It is our job to understand their job, to motivate them and help them to do it better.
- Their job involves coming to terms with the painful reality of having both a mental illness and a substance disorder, wanting neither one, yet having to build an identity that involves treatment for both.

A fourth strategy for dealing with resistance in clients is the:

COGNITIVE BEHAVIORAL APPROACH

- This approach emphasizes engagement and dealing with the client's ambivalence through increased communication about substance abuse and mental illness. This can only be accomplished when the client is comfortable and confident that what they say will be accepted and not be judged or scolded.
- The focus is on the client's thoughts as expressed in verbal communication and not on their substance abuse behavior.
- Express empathy and create openings for the client to talk about their problems. Acknowledge how difficult it can be to deal with these issues and restate the client's initially stated goals whenever possible.
- Selectively reinforce honest communication about substance abuse and/or mental illness management. Acknowledge positives rather than negatives.
- Emphasize your alliance with your client. You are not going to do things for the client; you are going to work with the client to reach their goals.

A fifth strategy for working with resistance is to:

CREATE AN ENVIRONMENT OF SAFETY

- Ask yourself "Who am I? What grounds me as a person?" You bring your definitions of yourself into all your relationships. If you are not comfortable with yourself, the client will not be comfortable with you.
- Also consider "Where do I come from? What do I bring to this relationship?"
- Be warm and welcoming. This may seem intuitive, but sometimes it takes an effort to welcome a resistant client after a long day.
- Consider your own and your client's connection to the life force; e.g. *ha* or breath, nature, *pule* or prayer. Make sure you respect your client's as well as your own spirituality during the course of your interaction.

Working with Resistance

Session Two

Exercise

1. Break up into pairs. Take turns sharing something in your life you would like to change and why. While one person shares, the other must try to increase understanding by asking questions and making reflective statements to get a clearer picture. The listener is not allowed to give advice or make suggestions! Then reverse the process, (the other person shares).
2. When done, share with each other how you experienced the process.

Effects of Working with Resistance Session Three

The providers of services are just as human as the clients are. Working with resistant clients can be difficult and frustrating at times. It is hard to be empathetic toward clients when you yourself are running on empty. Some of the effects of working with resistance can be:

- Burn-out
- Anger
- Blaming the consumer/client
- Giving up
- Increase or decrease in boundaries
- Hopelessness

These effects obviously impact the client-provider relationship. Let's look at each of them one by one.

BURN-OUT or **Compassion Fatigue** is a lot like depression. It can be caused by:

- Large caseloads. This is one of the biggest stressors leading to burn-out. You may find yourself asking how we can bring more clients into the system when we can't even treat the clients we currently have.
- Lack of resources to meet client needs. How can you address substance abuse issues when the client doesn't have a house?
- No adequate support or supervision
- Going it alone
- Not closely monitoring reactions to clients (counter-transference) as well as situations that are out of our control.
- Expecting changes too quickly
- Not maintaining a healthy personal lifestyle

In many cases, it is not the client that stresses us out, it's everything else.

Paperwork, administrative problems, family problems, personnel problems and all the other stressors in our homes and our jobs are what burns us out, not the clients themselves. Take a minute and think about some of your stressors.

ANGER at yourself or the situation produces various feelings, such as:

- "Nothing is working."
- "No-one supports or cares about me."
- "Why can't people just do it?"
- A "they" vs. me attitude

BLAMING is often a consequence of burn-out. A person who is blaming may think:

- "Poor outcomes are my client's fault."

- “Poor outcomes are my co-workers’ fault.”
- “My family does not understand or support me”
- “It is the system’s fault so how can I be expected to do well?”

GIVING UP is another consequence of burn-out. A person who is giving up may think:

- “Why even try?”
- “It’s just a job.”
- “I can’t do anything right.”
- “Have I ever really helped someone?”

The last two thoughts are examples of blaming yourself for lack of progress.

An **INCREASE OR DECREASE IN BOUNDARIES** can result from burn-out as well.

An increase in boundaries results in a service provider who:

- Is more aloof from clients and others
- Keeps others out
- Keeps emotions at bay
- Runs away
- Protects self from hurt

A decrease in boundaries may result in:

- Enmeshment, or a provider who becomes too involved in client accomplishments
- Bringing them home
- Taking more and more responsibility for clients
- Sharing your feelings/problems with the client
- Letting everything in and becoming overwhelmed
- Becoming angry at client for not “making progress”

HOPELESSNESS is especially detrimental to the client as well as to yourself. In order to give people hope, we need to have hope. Someone who is hopeless may think:

- “I just give up.”
- “There is no hope for my client.”
- “There is no hope for me.”
- “I am a shell.”
- “Please, get me out of this!”

There are several things that you as a service provider can do to combat your own burn-out or compassion fatigue. A few of these things are:

- Develop interests outside work
- Use a team approach to working with clients
- Know yourself, your triggers and “buttons,” and what gives you life
- Accept those things which are beyond your control and change those things which are within your control.
- Approach life with *pono* (balance) and *lokahi* (harmony)

Daily Self-Monitoring/Behavioral Observation Sheets

The daily self-monitoring sheet or the behavioral observation form can be used either on you or on clients, and is an effective way of mapping out and working through stressful situations. It is a method of self-maintenance for yourself and can be used as a way to develop discrepancies for your client.

The self-monitoring sheet is fairly self-explanatory. As it says on the sheet:

- Describe a situation of anger, depression or stress.
- Describe your thoughts and feelings.
- Describe your body's response to the situation.
- Describe your coping strategies.

The behavioral observation form is similarly self-explanatory

- Describe what led up to the situation or behavior.
- Describe the situation or behavior.
- Describe the perceived consequences of the behavior.
- Describe the actual consequences of the behavior.
- Identify a way that the behavior or situation could have been avoided.

Working with Resistance

Session Three

Exercise

1) Use the daily self-monitoring steps and apply them to a situation you have gone through or are currently experiencing. Explain.

- A situation of anger, depression or stress.
- Your thoughts and feelings.
- Your body's response to the situation.
- Your coping strategies.

2) Apply the behavioral observation form to a situation or occurrence that you have gone through or are currently experiencing. Explain.

- What led up to the situation or behavior.
- The situation or behavior.
- The perceived consequences of the behavior.
- The actual consequences of the behavior.
- Identify a way that the behavior or situation could have been avoided

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