9 Strategies for Treating Resistance with R E S P E C T

—Tom Keating, LMHC

“... it wasn’t sin that was born on the day when Eve picked an apple: what was born on that day was a splendid virtue called disobedience.

—Oriana Fallaci

Wylie, Mary Sykes Ph.D. Senior Editor, Psychotherapy NETWORKER, (1998) in an article on sex offenders notes: “Offenders live in a society that ostensibly considers them the scum of the earth, and many of them—if they think about it—are inclined to agree, which is why they become such pros at not thinking about it, by denying their own actions and blaming the victim. Denial, in all its guises, is less painful, then looking at the truth. In a sense, they have bought the common argument that the offender is the offense, so to admit to the latter is to admit to their own irredeemable depravity. There is no way out of this position: either lie and deny, and salvage some remnant of personal worth—not to mention avoid jail—or tell the truth and be damned.”


“...several studies show that successful therapy is highly related to increases in resistance and that low resistance corresponds with negative outcome.”

—Clifton W. Mitchell, PhD.
Common Errors Therapists Commit
That Encourages Resistance

—Clifton W. Mitchell, PhD.

• **Who’s Goal?** A primary therapist error that causes resistance is not defining a mutually agreed on goal. On the wall of my office is a visual on the steps we will be taking to solve our problem. A clearly stated, *mutually agreed* on objective needs to be established and cannot be assumed.

![Diagram showing steps to problem-solving process]

• **The Who, Where, When of the Offense**
  a. Reality: The details of a client’s offense have to be established in detail. If the problem is vague e.g., “Yeah. “I committed a sexual offense,” without out the specific who, when, and where, progress will likely get stalled.

• **Terrifying Solutions**
  We have all heard that the solution to any individual's offense lies *within* the individual with the problem and our job is to help the individual find his *own* solution. However, sometimes the fear surrounding the solution is greater than the desire to solve the problem, e.g., "I'll never have sex again." As clinicians we need to deal with the fear that accompanies the solution before moving the focus toward solving actions and change.

• **Columbo**
  The more expert we become the more we give the client something definitive to resist. Less is more. The more resistant, the less I know. The more motivated the client the more I know.
• Rogers is right
Making empathic statements and trying to understand a client’s struggle to change is a key element in defeating his resistance and moving him toward positive change. “I don't feel so alone when I talk to you and the other guys. You understand.”

• Slow Down to Go Faster
“Therapy is clearly one area of life where it pays to slow down to go faster. In fact, taking small steps is often a central part of effective therapy.” I slow down to the point that the client and the RESPECT community think I am “behind” the client and he is “pulling” me toward his solution.

• Resistance is a fact. Signs that it’s getting to you.
  a) You feel you are fighting or arguing with your client
  b) You feel stressed and drained after every session
  c) Your working harder than your client
  d) You feel burned out
Resistance used to conjure up ideas of stubbornness, defiance, and obstinacy in me. Now when I have these feelings I realize I am labeling the person I am treating and getting just as stuck as he is. This realization helps me get out of my own way.

• The Purpose of resistance
  a. Fear of failure
  b. Fear of risk
  c. Enjoys manipulation
  d. Passive-aggressive behavior
  e. Feeling of shame
  f. Desire to sabotage therapeutic relationship
  g. Client may be psychologically drained
  h. Personality style

  9 Strategies
Some RESPECT resistance interventions using an article written by Clifton W. Mitchell, PhD. Highly Resistant Clients: We’ve All Had Them—

1. Do the unexpected: Embarrassment and willingness to discuss sexual offenses varies greatly. Reluctant clients anticipate criticism and are fearful about dialogue. Others talk openly but often their responses are packaged and filled with excuses. Many have received socially typical responses and socially typical does not create therapeutic movement. I consistently try to avoid the common place. RESPECT begins and ends with the RESPECT Bow (a martial arts movement involving 7 steps).
Many new clients do not want to do The Bow, which creates cognitive dissonance. This is good. It gives choice a chance (they do not have to do it). And, it is something they see, hear, say and do. The client who taught me The Bow has mental retardation, catatonic schizophrenia and is deaf. I use his words as a deaf person hears words. He earned his Black Belt in Tai Kwan Do Karate. I always tell clients, “You are my teachers, and I am your student,” and then I use what they teach me. This change in roles can also create therapeutic movement. The client’s patterns of thinking inherent in their problems are disrupted. Verbally, the unexpected can be an empathic statement, or one of puzzlement or agreement to their position.

2. **SLOW**: When there is resistance there is an urge to speed things up and break through. Instead, slow down, use silence, and seek details. By showing genuine concern for details you are respecting the client’s issues. I even do the RESPECT Bow slow, in fact, I am the slowest one of any group and clients laugh and slow down just for me. Slow builds trust. Fast takes longer. Stress increases resistance. When you are behind the client and he is pulling you along, resistance dissolves. Conversation should always have the ultimate goal of dealing with the current point of resistance and focus should remain on the issue that is keeping the client stuck.

3. **Always Respect A Client’s Resistance**: Denial, even in the face of unequivocal evidence of fact to the contrary, the client has a perceived need to cling to it. Not to respect the client’s resistance is to reject the client’s reality, thus rejecting him. One of the best predictors of counseling outcomes is the client’s perception of therapeutic acceptance. Showing a genuine respect for the client’s resistance is possibly your first opportunity to do the unexpected. After rapport, trust, group acceptance, a sense of community, and issues have been well formed and processed more direct confrontation can begin. Until then, to minimize the chances of intensifying resistance, respect all client positions.

4. **Columbo**: With highly resistant clients, the more expert you are, the more resistant they become. If the therapist exhibits a posture of confusion and
maintains an attitude of naïve curiosity, the client will continually have to explain things to you. “I am the student; you are my teacher, John. I don’t understand…” The more a client is explaining, the more they are doing the work, the less they are resisting.

A general therapeutic rule is, the more resistant, the less you know. The more motivated the client, the more you know. If the client is cooperative and motivated and you have an idea, express it. If he accepts your idea, collaborate and move forward. If he or she resists your suggestions, go naïve.

**RESPECT** is a multi-sensory process and 85% of communication is through paralanguage (tone of voice, body language, etc.). Paralanguage must be congruent with what is spoken and is critical in managing resistance. A well-worded and insightful statement whose paralanguage is incongruent can be extremely detrimental.

### 5. Labels and the self-fulfilling prophecy

Clifton Mitchell, Ph.D. writes, “We create what we talk about. If we discuss negative, resistance-promoting characteristics as if they are reality, we reinforce their presence and influence.” Interestingly, this is true even if the negative characteristic is discussed unfavorably in effort to discourage it. It is a mistake to attach negative labels such as stubborn, resistant, obstinate, and belittle resistant individuals because you end up feeding the very behavior you are trying to eliminate. Dr. Mitchell further states that tactics such as “criticize the behavior and not the person,” or “label the behavior and not the person” are presumed to get around the labeling problem, “is nonsense. I agree. To most people, such statements are personal criticisms. And when used in therapy, they promote resistance.”

**BAD:** You are stubbornly denying your offense! You are a pedophile! Tell us the truth—now!

**BETTER:** I’m confused. Could you tell me again why you are in sex offender treatment?

**BEST:** Could you explain your **QUICKSAND** to the group? When would you like to move up to the **R**eality step? What is your **R**eality?

### 6. Keep the Focus on the Resistance

client resists the flow of fact to his offense and sometimes it appears we should shift to a more comfortable place because we are not sure how to proceed. We deflect attention away from the resistance then label the client resistant.

The more effective thing to do is to slow down, attend to details, respect the client’s beliefs and go deeper into the resistance—but not directly. It should be a “supportive quest” for understanding. Columbo: “You know, John, I can get a little lost sometimes and like I’ve said before, I’m the student and you’re my teacher. Maybe you can help me out here.” And then you let the
client lead you to where you want to go. Whoever is asking the questions is in charge of the conversation. The focus is always on the current issues and where the client is presently stuck. Some offenders will attempt to lure you into solving their problem, which allows them to escape responsibility.

Their solutions should always be their own. If a client resists the quest for solution you can say, “This is okay John. Sometimes people need to stay in The QUICKSAND longer than others and need more time to work things out. Good job.”

A client describes

QUICKSAND:

“I am alone and the quicksand is sucking me under. I’m like in pieces. I can smell it and it smells like shit. It goes into my mouth; it tastes awful and I can’t breathe. Nobody cares. Everybody says, ‘I’m glad he’s gone. He can’t bother kids no more. It hurts. The quicksand people are coming after me and I can’t run away. I’m in jail. There is a loud CLICK! The sound swallows my head and bites my eyes. I’m scared all the time. Everyone lies and hates. I don’t like it.”

I always use a client’s language, verbatim and I don’t lead them. If they can write, they get a workbook to write in. I help them to brainstorm and free associate and get amazing insights and descriptions. This is a vulnerable place and this is the place that the offender is protecting with his resistance. Quicksand allows this place to become conscious. Honor and Trust, the goals of RESPECT, begin here.

7. Focus on what you want: If I tell you not to think about green, what do you think about? If I want to change your mind about green, do not mention green, and simply ask, “What are you thoughts about blue”, what happens? Adam Vinatieri did not focus his mind on a kicked football sliding to the left of the goal post in the last 4 seconds of the Super Bowl. No. Vinatieri saw, in his mind, precisely what happened.

Most people want to change behavior by trying to stop something like, “I’m fat. I want to lose weight.” Winners focus on what they want: “I want to be healthy. My ideal weight is...” I began this journey 22 years ago wanting to stop MR, MH, and Physically Handicapped pedophiles from molesting
children. I focused on offenses and problems. Now my focus is on solution and that solution is RESPECT and the last step, Trust.

Continuing to discuss what is not wanted actually maintains it. The goal is to identify offenses, in detail, incredibly painful situations, in the context and act of identifying the truth, which is the bedrock and foundation to building RESPECT and trust. A client who made it to the Trust step developed our mission statement:

"Without RESPECT there is no freedom.
If you don’t trust yourself you won’t trust anybody else.
I stay in the day-right now-in this moment.
Look at me, I’m talking!
I used to think about yesterday and the future.
Now I just think about now.
When I’m at home-I’m at home.
When I’m at work-I’m at work.
Now I’m honest with myself.
I think another word for trust is freedom."

At the end of each RESPECT Bow we repeat our mission and goal:

Stand. Begin. Trust is Freedom.
8. Change occurs on the edge of chaos. Or, If they are not confused, confuse them. Or, the wonders of cognitive dissonance: I have a belief that I will cure poverty. While investigating criminally neglected and battered children, I see and touch a dying 90 day-old child. My inflated ego becomes confused with the realization I cure nothing. I sail into the heart of a perfect chaos and learn that the only person I can truly cure is me.

Change rarely occurs when someone feels certain. If a therapist tries to fight a client’s belief system, resistance will undoubtedly be created. If the therapist listens intently, with curiosity and confusion (Colombo again), and keeps asking questions, the client will eventually corner himself with his own contradictions. The therapist becomes puzzled too. The client and the therapist can then step into confusion together. Once confusion is established the stage is set for change.

Empathizing with clients who were originally rigidly denying their offenses and are now slipping on their lies and becoming confused, helps to build an alliance for change. A new idea, at this time, may be suggested to resolve the confusion. Certainty inhibits change. Dissonance works.

9. Resist the Urge to Confront Initially: Confrontation with individuals who sexually offend is necessary. However, if you confront too early in the process it will likely become counterproductive. Confrontation that occurs before rapport and at least a minimal form of identification with the RESPECT community almost always results in greater resistance.

To get out of the QUICKSAND you have to “Own your Reality,” e.g., your offense behavior. The client looks up the steps of RESPECT and knows what he has to do to get out of QUICKSAND. The clinician smiles and says, “I respect where you are now. When you’re ready to move, let us know.”

“Premature confrontation precludes emergence of the more significant issues that are critical to promoting change. If the deeper reasons for resisting are addressed the surface reasons typically dissipate.”

—Clifton W. Mitchell

Trust is a significant issue with offenders.
Getting Ready for Change

James O. Prochaska, Ph.D. has developed a trans-theoretical model of change that conceptualizes change as a process occurring over time in a series of 5 stages: (1) Precontemplation (2) Contemplation, (3) Preparation, (4) Action, (5) Maintenance. He also states that people do not progress through these stages only once. “The more common pattern is to cycle through these stages several times.”

**STAGE 1:**
**Precontemplation**

**QUICKSAND**

In this stage individuals are court ordered into therapy and are not planning to take any action. All they really want to do is stay out of jail. Other individuals will be coming out of a psychiatric ward of a state hospital and will have a sex offender diagnosis. “I don’t want to be here! They’re making me come to this stupid group. I ain’t sayin’ nothin’” If pressure to attend is removed they will drop out.

These individuals are masters at avoidance and you cannot create movement if they do not allow it. If you push these clients all they have to do to frustrate you is nothing.

Interventions: Columbo, Puzzlement and naiveté in the midst of overwhelming evidence of issues. Do the unexpected by *not* pointing out the obvious.
Stage 2:

Contemplation

Individuals are beginning to realize that the problem isn’t staying out of jail; the problem is what brought them there. They are beginning to struggle with the pros and cons of change. There is an awareness that a problem exists, but no commitment to action. “I think I have a problem that I should work on. I'll do the RESPECT Bow.”

Stage 3:

Preparation

Clients in the preparation stage intend to take action in the immediate future and are beginning to identify with the RESPECT community and feel safe to disclose. They are climbing out of their QUICKSAND and have “ Owned the Reality of my offense,” and have earned their R. Some have written their victim Empathy letters and have earned their E. On the Self-esteem step the RESPECT community begins to identify the individual's strengths and skills he will need to build an action Plan. The primary characteristics at this stage are commitment to action, e.g., volunteering to be leader, etc; with small behavioral changes occurring and planning for additional action by working on relapse prevention plan to present to his RESPECT community.
Reality

Empathy

Self-esteem
Stage 4: Action

In the action stage individuals are making overt and specific modifications in their thinking about their offenses; are committed to their RESPECT community and helping others on the lower steps to move up. They have a specific relapse prevention plan, have written an urge control contract, and are using and evaluating their plans in the larger community. This is the point where issues of relapse emerge as the consequences of change become more real. Abstinence from offending behavior is the goal. The abstinence violation effect is the reality. Vigilance against relapse is critical.
Stage 5: Maintenance

Trust

Clients in the maintenance stage are working to prevent relapse and the key word here is “working.” From the very beginning of treatment, e.g., QUICKSAND, it is made clear that there is no cure for sex offending behavior. The temptation to relapse is, and always will be, there. Maintenance should not be viewed as a static stage.

Reaching Step 7, Trust, is not completion. The individual who has earned his/her RESPECT understands that the work to keep RESPECT happens one day at a time, every day. Individuals in AA know of this reality. Clients who have completed the RESPECT program are encouraged to return on a regular basis and inform other group members how they are doing in their respective communities.

“We cannot change what has happened. We can choose what happens next.”
—Ex- President Bill Clinton on the Tsunami

The molestation of a child is a disaster to a child’s spiritual, physical, and emotional life. It is also a catastrophe for the offender. Both are lost. The hope of RESPECT is to prevent victims by empowering the offender to “choose what happens next.” RESPECT empowers an individual who has lost his spirit and has taken another’s with his offense to find something he never knew he had or deserved—HONOR. When you have worked hard and suffered through your own truth to Trust and have found your own HONOR you do not want to give it up. You are RESPECT.
Many ask, "How long will this take? When I get to Trust do I graduate? Am I cured?"

Lao-tzu (551-479 B.C.E.) writes, "...months and years and all periods of time are concepts of men who gauge everything by number; but the true name of eternity is Today."

You choose

TODAY