

Working with Difficult Clients: A Neglected Area of Study

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Abstract

This article serves as an introduction to this special *Journal* issue which is devoted to studying the dynamics of counselling when working with difficult clients. The guest editors present an overview of what is meant by a difficult client and a perspective on the responsibility that counsellors and clients share for the use of this term in counselling practice. The concept of client difficulty is briefly examined from the perspective of both the counsellor and the client. Finally, an overview is presented of the articles included in this *Journal* issue.

Résumé

Cette article sert d'introduction à la revue spéciale consacrée à l'étude des dynamiques de counseling face à des clients difficiles. Les rédacteurs invités présentent un aperçu de ce que l'on entend par client difficile et mettent en perspective le partage des responsabilités entre les conseillers et les clients pour l'utilisation de ce terme dans la pratique du counseling. Le concept de client difficile est brièvement examiné en fonction des perspectives respectives du conseiller et celle du client. Finalement, un aperçu des articles publiés dans cette revue est offert.

We spend the vast majority of our professional time and energy thinking about a very small minority of our clients. These are the ones whom we perceive as stubborn, obstinate, uncooperative, obstructive, and resistant. In many cases, these individuals are filled with rage; they have a chip on their shoulder and seem to have a hidden agenda to make our lives as miserable as their own. In other instances, quite against their will, clients are difficult to deal with because of fears of intimacy, of self-defeating interpersonal styles, or simply because they revel in their power of sabotaging themselves on their own terms. Still other kinds of clients we struggle with are those who simply do not meet our expectations for how they should behave; they "cooperate" differently than most people we are used to.

Most of us have had relatively little training in working with difficult clients, those clients who do not fit the usual parameters of what we were taught to expect. Resistance was something we learned was a normal and natural part of counselling, but we also got the distinct impression that if we were patient, flexible, and skilled enough, somehow these barriers would melt away. Enter belligerent adolescents who announce as their primary mission that, whereas they can be forced to attend sessions, they

will do everything in their power to act out toward you all the resentments toward every authority they have ever had in their life.

Difficult clients are those who test the limits of what we know, understand, and can do. They come in all shapes and sizes: withdrawn children, passive adults, substance abusers in denial, co-dependent victims and perpetrators of abuse, clients who are argumentative, those who refuse to accept any responsibility for their lives, people manifesting narcissistic or borderline characteristics, clients who feel utterly hopeless and despondent, those who are overly compliant, or those who have poor impulse control. The list goes on and on and on.

The idea for this special issue emerged from the work initiated by one of the guest editors (Kottler, 1992) in which he reviewed the literature on the subject of difficult clients, with special consideration for unique assessment and treatment problems. Based on the previous work of several scholars (Anderson & Stewart, 1983; Brehm, 1966; Dowd & Seibel, 1990; Dyer & Vriend, 1973; Fiore, 1988; Kottler, 1986; Kottler & Blau, 1989; Kottler, 1991; Munjack & Oziel, 1978; Otani, 1989; Strong & Matross, 1973; Wong, 1983), Kottler offered guidelines for understanding the experience of therapeutic impasses from the perspective of both client and practitioner. As a reference point for the reader in approaching the content of this special issue, a brief summary of Kottler's findings are presented below for your consideration.

Client Difficulty and Counsellor Expectations

From the practitioner's perspective, acknowledging the existence of a difficult client often speaks to characteristics of the practitioner as well as to characteristics of the client. It is possible, and even likely, that many of our own unresolved, personal issues are triggered by clients, a counter-transference process which may impair our clarity and effectiveness. It is entirely reasonable to assume that each of us has issues continuing in our lives that interfere with our ability to be as fully present in our counselling sessions as we would like. For example, we may sabotage ourselves by failing to look inward to examine our observations, perceptions, definitions, organizations, constructions, and analyses of how we experience other people, especially those clients who threaten our personal identity as universally effective change agents. Also, clients may seem much more difficult to us when we feel dissatisfied with some aspect of our personal or professional lives. Under such circumstances, we are more likely to interpret a client's hostility, disrespect, or indifference as a personal attack rather than an ingredient of the therapeutic process. Finally, counsellors may find themselves in a power struggle with clients based on a confrontation between values and goals in the therapeutic relationship, as well as between different genders, races, ages, education, cultures, religions, and socioeconomic backgrounds (Mens-Verhulst, 1991).

Thus, conflicts of power are an intrinsic component of most counselling relationships.

From the client's perspective, it is important for the counsellor to consider the personal meaning clients give to their behaviour at a particular time, regardless of the presumption that "resistance" is taking place. Sometimes resistance or reluctance is a normal and healthy way for clients to postpone action until they have time to examine the implications of making life changes. In other situations, resistance may very well be the result of long standing characterological disturbance. Clients may also appear to be difficult because of their fears of intimacy, of failure, or even of success. The resistance may be promoted by a desire for self-punishment or stem from a rebellious personal style. Finally, clients may appear to be difficult because of underlying organic disorders, or by the interference of family members.

A Typology of Client Difficulty

Five distinct types of client difficulty, or resistance, have been proposed (Kottler, 1992; Munjack & Oziel, 1978). Each type of resistance is conceived as motivated by different origins within the person, and thus resolved by different counselling strategies. *Type I* resistance is present when clients do not understand what the counsellor wants or expects. This may result from several sources: clients who are naïve about the counselling process, or who are very concrete thinkers, as well as practitioners who are not clear and specific in their communication to clients. Often, a combination of the two factors is evident. This form of resistance is usually remedied by education of the client and clear communication from the counsellor.

Type II resistance occurs when the clients do not comply with tasks asked of them because they lack the skills or knowledge needed to carry out the assignments. Clients are not being stubborn in this situation; rather they just do not have the ability to carry out what is expected of them. The solution to this form of difficulty is simply to make sure that we don't ask people to do things that are beyond their capabilities at the time. More challenging tasks can be asked of clients as the repertoire of skills are enhanced.

Type III resistance is present when clients show apathy and indifference to the counsellors' efforts to assist them. Clients may have unrealistic demands about how they see the world, or self-sabotaging internal dialogues about the prospect of change, or even may not see any benefit from cooperating with the counsellor. The basic intervention for this type of resistance is for the counsellor to focus on developing hope and positive expectations, in addition to helping clients to identify sources of motivation and reinforcement in their lives.

The latter two types of resistance take place when clients experience guilt and anxiety and when they receive secondary gains as a result of their symptoms. More specifically, *Type IV* resistance is exhibited when clients experience the intense guilt or anxiety most often depicted in the psychoanalytic model of counselling. When clients are beginning to lose confidence in their defense mechanisms to manage their fears, they frequently begin to sabotage further progress in counselling. The counsellor must provide support, work on enhancing trust in the therapeutic relationship, develop greater client self-acceptance, and process what is occurring, or the resistance will continue.

Type V resistance follows from secondary gains the client receives as a result of their symptoms. Secondary gains allow clients to put off action, avoid responsibility, and maintain the status quo. Such resistance can often be significantly reduced by bringing the secondary gains out into the open so clients must deal with them, and by altering the environment to reduce the reinforcement that is maintaining the behaviour.

Some Rules of Engagement For Working With Difficult Clients

It may be tempting to initially screen out those people who are likely to be difficult to work with, those people we believe do not fit our style of counselling. And it may be more comfortable for us to refer those clients who present us with challenges and troublesome behaviours that we would rather avoid facing in our practice. While it is certainly true that no one professional can help everyone, and that we all have our limitations, our ability to grow and develop as practitioners is directly related to our willingness to examine our own role in therapeutic impasses.

One of the best predictors of counselling success is the quality of match between what clients need and what the counsellor can provide. The ethical professional, however, only refers “on the basis of helping someone to find a better match in terms of expertise, specialty areas, or interactive compatibility; we definitely do *not* refer based on the ability to pay; on ethnic, religious, or racial dissimilarity to us; or because a client at first glance, seems difficult” (Kottler, 1992, p. 220). To grow as counsellors, we must take on new challenges in our counselling and move beyond what is currently comfortable to expand our range of ability to help others. In fact, some counsellors thrive on working with those people other counsellors would be pleased to refer out of their practice.

So how do competent counsellors prepare themselves for working with difficult clients? We offer ten guidelines that can be gleaned from what the experts have to say in the literature about working with difficult clients.

1. *Decode the meaning of resistance.* Ask yourself, and the client, what the difficulty is all about. What is the client communicating? How is the behaviour functional?

2. *Keep your sense of humour.* Don't take struggles so personally. Retain the willingness to recognize the absurdity of many therapeutic impasses.
3. *Do not retaliate.* Clients are not being difficult with you; they are being difficult with themselves. If you don't take things so personally, you will be able to respond more clearly and effectively.
4. *Define rules and roles.* Let clients know what your expectations are. When they are not being met, negotiate alternative structures.
5. *Stay flexible.* Following the dictum of "Strategic Therapy," when you are doing something that is not working, try something else.
6. *Get some help.* Apart from usual supervision avenues, invite a trusted colleague to come into session to mediate impasses.
7. *Use self-disclosure effectively.* Acknowledge and own your own role in the struggle and your reactions to what is taking place.
8. *Confront.* Set boundaries and limits with regard to inappropriate behaviour.
9. *Stop complaining.* Rather than thinking and talking about certain clients as "the enemy," reclaim your compassion and caring.
10. *Reframe resistance.* Rather than viewing certain client behaviour as resistant or obstructive, change your filter so that you see "creative" cooperation.

The Basis for This Special Issue

Beyond the initial efforts described previously, the guest editors of this special issue decided to gather together some of the most articulate and knowledgeable experts on the subject of working with difficult clients, as well as counsellors who specialize in particularly challenging client populations, and to collect their contributions into two volumes that would offer readers knowledge, guidance, and comfort. That has been our mission in collecting the contributions that follow.

Presented below is a description of all eight articles composing the special issue on Perspectives on Working with Difficult Clients. Six of these articles will appear in this volume; the remaining two will head up the articles presented in the next volume of the *Canadian Journal of Counselling*.

Thomas Dowd and Daniel Sanders set the stage for the special issue by differentiating the various kinds of difficult behaviour that clients might present. They help the counsellor to distinguish between varieties of non-compliance that we encounter. They suggest that we adapt counselling interventions according to whether the apparent obstructive

behaviour represents objections to the counsellor's role and power, disagreement with the direction headed, or a self-protective attempt to restore a perceived loss of freedom.

Linda Seligman and Lynn Gaaserud, in their survey of counsellor's experiences with difficult clients, describe the landscape of therapeutic resistance from an alternative perspective. After reviewing the empirical and theoretical literature on resistance, they report descriptions of how practitioners define the phenomenon, how they conceptualize its meaning, and the various ways in which they attempt to work through resistance.

Moving from a survey of the counsellor's perception of resistance to one that explores the client's experience, David Rennie describes a qualitative study of the subject. Based on a series of interviews conducted with clients reflecting on their sessions, several themes emerged related to expectations, power struggles, and deference to authority, all of which are important to understand how and why resistance occurs.

In Martin Ritchie's contribution, he focuses on the subject of working with difficult children, especially those who are involuntarily referred for help. This neglected area of study will be of particular interest to school counsellors and others who work with primary school aged children.

Lynne Angus and Laurie Gillies discuss one of the most difficult client populations to work with—the so-called “borderline” clients, or those who manifest unstable patterns of interpersonal relationships and severe distortions in the ways they perceive and respond to others. Although working with this client population falls within the field of counselling, we are frequently uncomfortable with medical model diagnostic terms favoured by other mental health professions. Nonetheless we do occasionally work with children and adults who show evidence of what may be called severe personality disorders. Some of these cases we refer to other specialists when we recognize the extent of their dysfunction before we are inextricably involved; in other instances, there is no other choice but for us to be the ones who engage in the unique therapeutic strategies that are helpful with such clients—containment and enforcement of boundaries.

While we felt some ambivalence about including a discussion of borderline disorders in a special issue for counsellors, given our propensity to operate developmentally rather than through psychopathological concepts, we do recognize the reality that these clients do occasionally show up in our offices for help. Even if it is not part of our training or speciality to work with severe personality disorders, we still need to be able to diagnose accurately what is going on so we can make appropriate referrals. Furthermore, all counsellors in every setting are called upon to work with difficult clients who manifest “borderline” behaviour—mani-

pulative and controlling acts; unstable, intense relationships; and self-destructive behaviour.

With that said, Angus and Gillies review the symptoms of this clinical syndrome and offer treatment suggestions for practitioners. Their Interpersonal Therapy for Borderlines Program is of special interest to counsellors because of its structured, short term, focused approach that offers principles for application in many settings.

Reviewing principles of understanding and treatment for another challenging population of clients, Martha McBride and Patricia Markos discuss sources of difficulty in the diagnosis and treatment of sexual abuse among victims and survivors. While the contribution of client issues and dynamics is examined closely by the authors, they also give considerable attention to the difficulties counsellors themselves may bring to the therapeutic process. Suggestions are presented to facilitate the therapeutic relationship with victims, survivors, and families of those who have experienced sexual abuse. They also examine the difficulties counsellors experience in the diagnosis of sexual abuse.

Moving away from a focus on difficult clients, the last two contributions emphasize the interactive nature of therapeutic impasses. Conrad Lecomte proposes a conceptual and practical perspective of the nature and process of client resistance and defense mechanisms. He describes a four-level framework for describing the defense mechanisms that clients use to protect themselves at times during the therapeutic process. Lecomte points out that the attitude of the counsellor plays an important role in the development of client resistance.

Finally, a provocative perspective on client resistance is offered by Alvin Mahrer, Lynn Murphy, Robin Gagnon, and Norman Gingras in which they suggest that clients become difficult mainly as a result of counsellor attitudes, constructs, and behaviours. They invite readers to examine the ways in which they create resistance in their clients through certain entrenched beliefs and interpretations on non-compliant behaviour, as well as through their over-controlling roles in which freedom is curtailed.

It is our expectation that readers of this special issue will find new understanding about themselves and their clients, and the interactive process that goes on between them when one or both of them experiences the frustration of a block in the progress of therapy. We believe there are concepts and perspectives in these articles that will be of interest to the practitioner who encounters resistant clients and to the researcher who wishes to study the process of resistance. The degree to which we achieve these expectations and beliefs will be determined by you, the reader.

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