Mandatory Counseling: Helping Those Who Do Not Want to be Helped

By Dan Short, M.S.

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There are two types of clients, those who want assistance and those who have been told to go get help. Correspondingly, dysfunction can come in the form of a chronic inward struggle or as a chronic struggle with social forces. The latter is an externalized disturbance that results in troubled relationships or criminal activity (e.g., acts of violence, sexual abuse, neglect, or drug abuse). Thus, the suffering caused by the disorder is felt more so by society than by the individual. When this individual does feel pain, his attention is cast outward so that it is not he but others whom he blames for his misery. This type of behavior is described in the DSM-IV under a variety of personality disorders. By contrast, voluntary clientele typically suffer from neuroticism, an inner conflict that is most bothersome to the person who has internalized the problem.

The difference between these two patterns of response is of such significance that a clinical intervention that works with one may only increase the level of dysfunction in the other. That is not to say that the goal of therapy must differ, but rather, the manner in which the client responds to the influence of the therapist can be radically different. The following information is intended to supplement the training of professionals who provide mental health services to individuals who have an externalized disturbance. The skills outlined in this chapter are not meant to stand alone as an independent treatment modality. Instead, the following is a set of rules that distinguishes the manner in which therapy is delivered.

Begin with a Commitment to Change

It is a mistake to assume the client will automatically be receptive to information presented during therapy.[i] By definition, this type of client is not interested in self-improvement. He may perceive therapy as a waste of time or a threat to his identity. Therefore, it is necessary to instill a belief in the importance of treatment and thus a willingness to change. Change is

[i] For a discussion of Erickson's view on this issue, see J. K. Zeig, Experiencing Erickson (New York: Brunner Mazel, 1985, pp. 110-111).

more likely to occur when the therapist begins by securing the client's commitment to change *his* behavior (Zanna & Cooper, 1974).

Client: [Sarcastic tone of voice] "I'll just listen and you can tell me whatever I need to know."

Therapist: "If you have a problem you want to tell me about and work on, then I will meet with you. If you can not tell me about a specific problem, related to your behavior, then there is no reason for us to meet."

Client: [Angry] "I have to be here. The courts are making me come!"

Therapist: "If you have legal problems then I will give you the number for a lawyer. I only work with counseling problems."

Client: [Long silence] "Well...maybe I do have a problem with my temper..."

Refusing to work with individuals who refuse treatment is perhaps the simplest method for gaining a commitment to change. As stated by Milton Erickson (Haley, 1985), "Whenever you start depriving people of anything, they are going to insist that you give it to them," (p. 123). Another option is to continue the meeting but refuse to begin therapy until a commitment to change is made (i.e., pre-therapy meetings are not counted toward court requirements). Once a verbal commitment is obtained it can be further ratified through the signing of a contract, prepayment of future sessions, or some other effortful activity. Motivation is crucial to the success of mandatory counseling and as research has shown the more energy a person invests in an activity the more likely he is to view it as important (Aronson & Mills, 1959; Bem, 1967; Deutsch & Gerard, 1955).

Require a Confession

This type of client spends a lot of time and energy hiding the reality of his disturbance from others and himself. He is reluctant to admit his own short-comings and instead blames his behavior on others. That is because as long as someone else can be identified as the "bad guy" he does not feel the need to examine his own inadequacies (Carver & Scheier, 1981). With this facade intact, the client is not motivated to change anything about himself. He is likely to dismiss or ignore therapeutic interventions. A confession is important because the client needs to focus on his problematic behavior (Petty & Cacioppo, 1986) rather than the idealized image he has of himself.

It should be recognized that the client has not yet admitted to having a problem if he frames his problematic behavior in a past tense. A description of that which one "used to do" carries little emotional significance and is therefore an empty confession.

Client: "It has been six months since I pushed her. I know that was wrong and now I'm here to learn *whatever* I can." [Smiles]

Therapist: "I need to find out how aware you are of the damage caused by your original act of violence. What problems would you guess still exist after that single act of violence, over six months ago?"

Client: "Well...she still ducks her head whenever I move my hand real quickly. That really bothers me."

Therapist: "So she does not feel safe with you?"

Client: "I guess not."

As he tells the therapist about the problems caused by his behavior, there is an increased willingness to accept new ideas, much more so than if he had been lectured by the therapist.

When the client is too quick to elaborate on or share insights regarding a "special" problem, then you may be dealing with a decoy. As a rule, the most serious problems are withheld from the therapist rather than being given over so freely. For a person who spends most of his time hiding thoughts and feelings, self-exposure is not simple.

Client: "I've never told anyone this before, but I think I might of been abducted by a UFO. I think my memory may have been washed so that I would not remember the event. Do you know anything about these kinds of problems?"

Therapist: "UFOs are a fascinating topic and I'm sure I could talk with you about it for hours, but that is not why we are here. Are you willing to discuss with me the problems caused by your behavior?"

This client never again expressed a concern about UFOs. Less important problems tend to disappear when they no longer serve a purpose.

A plea of insanity is a fairly useless confession and therefore unacceptable. When an individual has convinced himself that he has no control over his behavior, he is excusing himself from any attempt to use good judgment or moral reasoning. The client should not be given the opportunity to label his behavior as uncontrollable. Once this belief is stated the client becomes

less amenable to change. Instead, the client is asked to admit to his mistakes. A bad decision, rather than some non voluntary force, is always easier to change.

Adhere to Predetermined Rules and Procedures

A true expert has the ability to make a difficult and complicated task seem simple because of her ability to "trouble shoot." In other words, she acts to prevent bad situations from ever occurring. This skill is essential while helping individuals who have a problem respecting others. A useful method for preventing unnecessary problems is to make a list of rules and procedures that are read to the client, signed by the client, and then sent home with the client. For example, when no one is allowed into group without bringing his payment, then clients are less likely to "forget" their money. A good set of rules and procedures evolves over time. Whenever the therapist is caught off guard with a difficult situation, a new rule is added so that the situation is less likely to reoccur.

Ironically, those with an externalized disturbance are often masters of the victim role. Not only does victimization prevent therapeutic progress from occurring, but it also allows the client to gain some control over the therapist and the interview process. Bad luck and a troubled life enable the client to gradually claim more and more privileges for himself (e.g., coming late, coming without money, asking for appointments at special times, etc.). However, the effective therapist does not cater to the passing fancy of the client. Like a hole in a damn, small infractions should be dealt with as soon as possible. It is not helpful for the therapist to stretch her limits. This type of client is likely to dominate or take advantage of a do-gooder therapist. Instead, the client should be able to trust that the therapist is strong enough to up hold her boundaries. It is wise to set and maintain boundaries that are stricter than they need to be so that you are not affected when they are tested or breached.

Maintain Therapeutic Authority

While working with individuals who have an externalized disturbance, it is essential for the therapist to trust her decisions, values and intentions. It is counterproductive for the therapist to question herself while providing therapy. According to Harry Boyd (1993), "...this work forces you to set your own values in order, and to establish and maintain your own priorities. If you do not develop a clear and consistent sense of who you are and what you want, personality disordered patients will eat you alive." In some instances, this type of client will brag about his

ability to find other people's weak spots and use it against them. That is why it is unwise for the therapist to answer too many personal questions. Although the client is entitled to information about one's training and theoretical background, it is not helpful to share emotionally loaded information, such as times when you have felt inadequate. This information might benefit someone with an internalized disturbance but it only creates problems when dealing with clients who are looking for reasons to discount authority figures. This is why it is wise for the therapist to have a consultant who will provide a healthy environment to question one's decisions or areas of concern.

During the beginning of therapy the client will want to know, "Can I manipulate or control the therapist?" If the answer to this questions is yes, then the therapist becomes another pawn to be played. While talking to the client as a human with equal rights, the therapist should keep in mind the powerful influence of a role conferred advantage. Persons in a position of authority have a greater influence on others (Hofling, Brotzman, Dalrymple, Graves, & Pierce, 1966). Therefore, if the client walks away from a session having achieved a leadership position, then the words and actions of the therapist are not as influential.

An important means of maintaining therapeutic authority is to base one's opinion on facts, which the client cannot easily dispute. For example, "Most of those I have seen succeed in therapy, first learn how to admit to their mistakes. Only then are they able to make progress." This statement is very difficult for the client to deny because it is based on the therapist's experience.

With regard to "choosing one's battles," it is a bad idea to become preoccupied with whether the client is telling the "truth" about circumstance outside of the office. The client will always win this type of debate because he can easily bend the facts to fit his purposes. However, when your statements are based on behavior occurring in the office, you are no longer dependent on the client's self-report. While making a point, the effective therapist always returns to concrete realities of which there is sound evidence or proof. This evidence is collected during the course of therapy through video recordings or a log of calls and conversations. When a client is told something important it should be written down so he can see that a record has been made. This makes it more difficult for the client to undermine the therapist's confidence in herself by

making statements such as, "You never told me that!" or "It's not my fault I wasn't here, you told me the wrong appointment time!"

Intimidation is often used by clients to undermine the personal authority of the therapist. The most effective type of intimidation is delivered using indirect messages.

Client: "Whenever someone crosses me, I am one crazy son-of-a-bitch. I once killed a man using my bare hands. That son-of-a-bitch made the mistake of crossing me."

Therapist: "I will not work with someone who is too unstable to do counseling work. Are you currently dangerous?"

Client: "That depends on what you mean."

Therapist: "I mean that I will not work with you if you are a threat to my well-being."

Client: [Different tone of voice] "That was a long time ago. I'm different now."

Intimidation tactics need to be confronted in a careful but direct manner. When a threat is made using indirect means, then the therapist needs to make the content of the message or gesture overt by asking if the behavior is intended to be a threat. When a client backs down and describes himself as safe, then he is committing himself to more positive behaviors. While some threats may be ignored, it is unwise to discount any type of serious threat. This would only encourage the client to prove himself. Instead the therapist should remain calm and confident while clearly defining unquestionable boundaries.

When working with any individual, whether the suffering is primarily internalized or externalized, one needs to recognize that the client's most unreasonable actions seem justified in his own mind. It is what he understands to be the correct thing to do. That is why during therapy the client must temporarily relinquish his command. In some ways it is as though the client has once again become a child and is now looking for a type of parenting that may not have been available during childhood. In this position the client may experience both terror and security. The terror is in having no means of guarding or defending oneself. The security is in the possibility of being rescued from one's own chronic mismanagement of social and personal resources.

Be Specific and Thorough

By definition, an individual with an internalized disorder has a pathological view of himself. Therefore, the stigma of a formal diagnosis can be counterproductive. But this is not

true for individuals with an externalized disturbance. When working with this type of client, a formal diagnosis of the problem is just as crucial to treatment as any intervention to follow. Failure of an expert to identify the dysfunctional nature of the client's behavior could be interpreted by the client as a sanction of his actions.

Client: [Describes all of his frustrations with his spouse]

Therapist: "Sounds like you have been experiencing some difficult times at home."

The following week:

Client: "I told my girlfriend that you agreed with me, that it was really her that needs the help and not me."

In the example above, the mistake made by the therapist was that she did not specifically state to the client that he has a serious problem. Similarly, verbal reinforcement needs to be very specific so that it is not used by the client as blanket approval for all of his actions.

Often vague answers are not an answer at all. A vague response means for whatever reason the person is not being forthright. He may be uninterested in the topic or it may be hitting too close to home, making it difficult for him to respond.

Therapist: "How was your week?"

Client: "Went great. Really not much to talk about."

Therapist: "Did you have any disagreements with your wife?"

Client: "Well, we had a little misunderstanding but it wasn't any big deal."

Therapist: "What is the biggest mistake your made during the disagreement?"

Client: "Well, after she pushed me and called me a 'bastard', I just left because I don't have to put up with that kind of abuse."

Therapist: "What mistake did you make?"

Client: "Well, I'd been out drinking, so I might of gotten louder than I should."

Therapist: "You screamed at her. What else did you do?"

Client: "I called her a bitch."

Therapist: "Why was it a mistake to yell at her and call her a bitch?"

It is important to ask very direct questions because the client may never volunteer the most important information.

After teaching a new skill, the client should be given an opportunity to verify his accurate understanding through practice. This allows the therapist to test the client's knowledge.

Therapist: "Do you understand all of what I just told you?"

Client: "Yeah, I got it. I kind of do this already, anyway."

Therapist: "For this to work right you have to use all of three steps in the correct manner. Are you sure you don't have any questions?"

Client: "No. I got it just fine."

Therapist: "Great. Now we will do a role-play. I will role-play your wife and you role-play yourself using a time-out."

Client: "What do you mean?"

Therapist: "We are going to practice what you have just learned."

Client: "I'm not sure I'm ready for that."

Therapist: "It is all right if you do not do it perfect the first time. Most everyone has to practice this more than once."

When the therapist does not take the time to be specific and thorough, therapeutic effectiveness is greatly diminished. The only assumption that the therapist should make is that she will need to carefully investigate what she is told. According to Erickson, "...too many people listen to the problem and they don't hear what the patient isn't saying..." (Zeig, 1985, p. 126).

Create an Atmosphere of Safety

One should remember that, for any client, honest self-disclosure can be difficult (Jourard, 1971). For those who initially perceive the therapist as "the enemy," the vulnerability of honest self-disclosure can be very disconcerting. At first, this type of client may spend a lot of energy trying to convince others that he does not need anyone's help. However, underneath the facade lies a fragile ego. Later in therapy the client may admit, "I am scared of my own actions...I don't know what I may do next." He may have been thinking about this problem for months or even years, but when he reached the therapist's office his role as "client" felt too threatening, so a wall of denial is constructed. The phrase, "psychological nudity" describes some of the awkwardness and fear experienced when asked to relinquish familiar defenses. He dreads being officially labeled a living failure. Ego protection is important because when people lose all hope in their

own goodness, there is no longer reason to live or to promote the survival of others. Some client's come to therapy already teetering at the very edge of an existential crisis.

During therapy, the client must learn how to endure extended periods of uncomfortable self-examination. As a child, the client may have been severely criticized for the smallest of errors. Therefore he does not yet appreciate the difference between being a complete failure and having made a mistake. In the case of the former there is no reason to continue living. In the case of the latter, the individual still has reason to hope in his future. Therefore, the client is taught to see his mistakes and at the same time maintain healthy self-respect. It is useful to confront self-abuse just as sternly as abuse perpetrated against others. This helps the client constructively deal with shame and refocus on his responsibility for his behavior.

Client: "Now that I've straightened myself out, or at least more so than I was...I don't think I am finished yet...but anyway, I sometimes think back about things and how I have treated others and I realize what an ass-hole I really was. It literally makes me sick to my stomach to think about all that I did."

Therapist: "It would be easy to start abusing yourself right now. But I think that it would be the wrong thing to do. In fact, it might only make you more likely to abuse others in the future. We can only treat others as well as we treat ourselves. You can't go back in time to change the things that happened, so what can you do right now? What is something that would be beneficial to everyone?"

Client: "I have already begun trying to do an equal good for every bad I ever did."

Therapist: "That is a really great idea...a good way to use the energy created by these memories."

Client: "Yea, but my daughter is the one who I have hurt the worst and I am not allowed to see her.

Therapist: "Right. Going to visit your daughter might only cause more damage, so how can you do an equal amount of good for some other child? Have you ever donated money to an orphanage?"

Client: "Actually, I've been thinking about doing something like that."

Another means of protecting the client is by maintaining a strong group alliance. A difficult confession can be responded to with acceptance, "We all make mistakes. That is why

group is so helpful. We can learn from each other." The use of the pronoun "we" allies the entire group with the client. However, sometimes a client may come under attack from another group member, in which case it is the therapist's responsibility to protect the attackee by inviting the attacker to engage in a moment of self-examination.

One of the most important aspects of survival is the search for safety. This is something the client should be able to find in therapy. When you provide adequate protection it enables the client to relinquish defense mechanisms such as denial and blame. Therapeutic safety should not be used as an excuse to ignore difficult problems or avoid uncomfortable confrontations. The effective therapist is safe and powerful all at once.

Do not accept Responsibility for the Client's Choices

While the therapist is responsible for the quality of her work, it is a mistake to assume any responsibility for the client's dysfunctional behavior. Therefore, one should not base her personal pride or sense of worth on whether or not the client changes dysfunctional behavior. Accepting credit for the client's success is equally troublesome because by implication the therapist must also accept responsibility for the client's failures. When this boundary is tested the focus of attention should be shifted back to the client.

Client: "I did what you told me to do, and it worked great!"

Therapist: "Good for you! And what other goals would *you* like to accomplish?"

The most effective therapist is careful not to become too invested in an endeavor that should belong to the client.

To avoid internal conflict, created by feelings of ambivalence, this type of client is likely to delegate the role of superego to an outside authority figure. While working with alcoholics, Milton Erickson suggested that hypnosis can be counterproductive because it places a dependency "of the wrong sort" upon the therapist (Rossi & Ryan, 1992, p. 61). Before these expectations have time to develop, the therapist should refuse to accept, as a liability, the client's future behavior.

Client: "Don't worry, I'm going to come to every appointment from now on!"

Therapist: "Actually I am not worried about you coming to every appointment from now on, because if you get yourself expelled form the program, it will not effect me or my life in any manner. Things will go on just the same as if I never met you."

Client: "Don't you care what happens to me?"

Therapist: "If you decide to sabotage yourself, there is absolutely nothing I can do. However, if you want to try and make something more of your life, then I might be able to help. Do you want help?"

Client: "Yeah.....hell yeah!"

Therapist: "Then tell me all of the different ways which you can sabotage yourself, in counseling, if you choose to do so."

In other instances, to fully appreciate his ability to make decisions, the client will need to have his choices outlined (i.e., You can choose X or you can choose Y).

Therapist: "The purpose of this orientation meeting is for you to decide if you want to choose to attend counseling..."

Client: [Interrupts] "I already know I don't want to be hear but I have to because some Goddamn caseworker came into my home and stuck her nose where it doesn't belong!"

Therapist: "You are free to leave at any time. You can go straight down the hallway. The door at the end will open up into the parking lot."

Client: "You are not listening to me. I said that I don't have no choice but to be here!"

Therapist: "Everything you do is by choice. There are six other men who were also court ordered to counseling and they chose not to attend this meeting tonight..."

Client: [Interrupts] "Yeah, but I'm NOT going to jail and being here is the only way to keep out."

Therapist: "It's not my job to keep you out of jail. I am here to help those who sincerely want help for themselves."

Client: [Stands up and begins to pace] "God damn it! What I am trying to tell you is that I don't need to be here. Have you ever had someone sent here that really didn't need it? Just tell me that, is it possible that someone could not need this counseling!"

Therapist: [Calm but firm tone of voice] "You are interrupting the meeting and making it impossible for others, who want to be here, to get the information they need. Therefore you can either sit down and listen to what I have to say or you can leave the room right now."

Client: [Sits down. Does not speak again until after the meeting has ended.]

This is an example of an important shift in awareness, from the actions to the therapist to choices that are available to the client. As may be true for all types of therapy, "Leading the patient to, 'See what [he] can do,' is much more effective than letting the patient see what things the therapist can do with or to the patient (Erickson, 1963, p. 291).

Demonstrate Calmness and Stability

The more disturbed the client, the more critical it is for the therapist to model calm, respectful behavior. This interaction alone is therapeutic and will help stabilize the client. While speaking with clients it is helpful to use a smooth, soft voice, with the rest of one's body in an utterly relaxed and comfortable position. It does not matter whether the client is suffering from an internalized or externalized disturbance, each will benefit from the experience of therapeutic intimacy and safety.

The therapist must not be too sensitive to personal attack. The therapist needs to be able to deflect acts of aggression and hostility while remaining calm and focused on the task at hand. Just as a good parent does not rely on spankings to teach her child not to hit others, the therapist must always remain aware of the behavior she is modeling. If the client is harshly confronted or demoralized by the therapist, then he will leave therapy ready to displace these negative feelings onto someone else.

Conversely, the therapist should avoid efforts to impress or win the favor of the client. Content seduction is sometimes a problem while speaking with a client who has learned to use other's ego needs. To remain effective, the therapist should get her ego needs met by someone other than her clientele.

> **Therapist:** "I don't think you have admitted to yourself how serious this problem really is."
>
> **Client:** "You really are pretty sharp. I don't think I've ever had a therapist as good as you. Those guys at that other counseling place were a joke. I don't think it does any good to just gang-up on a client and yell at her. Do you?"
>
> **Therapist:** "What is it that you are afraid of?"

Without stopping for explanation, the expert therapist will return the client's attention back to the original topic.

Providing therapy for clients who have severe behavior problems can be very challenging. If you find yourself confronted by behavior so disturbing that you must depersonalize the client, then you have been excessively affected. Under these conditions referral is necessary. To continue to work with such an individual is unethical and hazardous to your mental health.

Make it Easy for the Client to Give in and Win

Most individuals want to feel good about who they are. This is especially true for someone who has not yet learned how to take pride in his actions. The therapist should recognize this fact and use it therapeutically. When a client makes himself vulnerable by confessing to a bad mistake, and is in sincere want of help, then it is the role of the therapist to frame the confession as successful behavior.

> **Client:** "I feel pretty stupid about the whole thing, now that I am thinking about it. But, this week I yelled at her about a bill that was not sent on time. The thing was, I was the one who should have mailed it. It was actually my mistake, but I knew it was going to cause a bunch of problems so I just convinced myself that she was the one who had screwed up."
>
> **Therapist:** "I think you are making a very important point right now. Is there anyone else in the group who has also done this?"

In this example, one person's ability to confess and have insight into his behavior is quickly reinforced and then used to move other group members to the same kind of work. Further reinforcement is added if at the end of group the members are asked to describe one thing that they respect about the comments of some other group member. Group members usually compliment others for having the courage to make themselves vulnerable. This type of positive peer influence can be very powerful.

Sometimes the uncomfortableness of change causes clients to complain about behaviors that need to be reinforced and reframed as an important new skill.

> **Client:** "Things are really different. It used to be that I would just say things. Now I am almost nervous, like I'm not sure how I should say things."
>
> **Therapist:** "That is a really good sign. Can you understand how this new skill is helping you?"

Client: "Yeah. Now I am thinking about things before I talk. I try to think about how she is going to take it...how she will feel after I say it."

Therapist: "Is this a better way of doing things, or would you prefer to go back to your old ways?"

Client: "No!" [Pause] "I mean 'yes' it is a better way and 'no' I do not want to go back to my old way of doing things."

Therapist: "Could you tell the group what is so great about being more respectful of others?"

In this example the client reinforces his own behavior as he describes the benefits he is enjoying. His self-disclosure also serves to inspire other group members.

The therapist should be careful not to inadvertently reinforce negative behaviors. If a client becomes angry, and the therapist backs down on a particular issue, then the client's acting-out is reinforced. Instead, the therapist can respond by acknowledging the difficulty of participating in this type of counseling. The client can be congratulated on his willingness to attend. His willingness to confess to having a problem is framed as an act of courage. If he has remained quiet long enough for these things to be said, then the therapist can also congratulate him on his willingness to listen to things he may not want to hear. These types of statements make it easier for the client to give in, so he can continue to win.

Aim for Minimal Intervention

As in medicine, the mental health practitioner always strives for minimal intervention, in the least intrusive manner possible. While using confrontation, this guideline is especially important. Confrontation does not add anything to the client's behavioral repertoire. Rather, it is a means of limiting or constricting the range of behavior. Confrontation is used to show the client the exact behaviors that are problematic and the associated consequences. Direct confrontation is especially stressful for the client because it makes it impossible for him to agree with the therapist without accepting the idea that he was incorrect. This could be problematic for a client who is already defensive and suspicious of the therapist. When confrontation is used at an inopportune moment, the inevitable result is a power struggle between client and therapist. A client does not need too much confrontation and certainly the therapist ought to have other means of intervention available such as education and positive reinforcement.

Sometimes it is possible to have tremendous impact on the client's thinking while using more subtle forms of confrontation. For instance, the confrontation might be delivered indirectly through the use of metaphor or by simply expressing a vague sense of concern. For example, the question, "What did you just say?" is quickly followed by, "Are you sure you really think that?" While disconcerting, this type of question provides room for the client to decide what he should be thinking. A typical response is, "No, what I am trying to say is..." In this way the client is able to change his line of reasoning but still save face. The most subtle of all is the confrontation that is entirely nonverbal. If a client is saying something that seems off-base, the therapist can silently shake her head, as if saying no. A client who is in close rapport will begin to correct himself, or qualify his statements while remaining unaware that a confrontation has taken place. A similar method is to simply remain silent as the individual seeks agreement on a particular issue. The therapist's silence is much more powerful than any verbal argument since there is no room for debate. As a rule, the most effective form of confrontation comes from the client's own lips and is based on his own understandings and subjective realities (Elms, 1966; Watts, 1967). This is perhaps the most sophisticated form of confrontation because the therapist formulates and delivers the confrontation in an entirely indirect fashion.

Client: "An entire year has gone by since the last time I hit her."

Therapist: "So what do you think went through her mind when you got angry and yelled at her last week?"

Client: [Pause] "That I would hit her again?"

Therapist: "Does she have any way of knowing for sure that you won't?"

Client: [Hangs his head down] "Man...what an ass-hole I've been...every time I get mad, she's got to wonder whether or not I'm going to haul off and hit her."

Therapist: "Do you want it to be this way?"

Client: "No! Of course not."

Therapist: "Why not?"

Client: "Because it's wrong. That's no kind of life, always having to be afraid."

Therapist: "You want your wife to be able to feel happy?"

Client: "Yeah...I really do."

In this case it was possible to initiate the confrontation simply by having the client consider the consequences of his actions. The client is more likely to accept this confrontation because it is based entirely upon information he has provided.

It is also helpful to remember that the therapist does not always have to be doing something to the client. Watch for moments when it would be beneficial to sit quietly and listen. The best times to demonstrate listening skills are moments when the client has just made himself psychologically vulnerable or in some other way took a positive risk. At some point the client must leave therapy and it is that end, which the therapist always keeps in mind.

> **Therapist:** "Long after you leave counseling you will continue to face difficult problems. That is simply how life is. So when you run into a bad situation, what are your two options?"
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> **Client:** [Pause] "I'm not sure. What do you mean?"
>
> **Therapist:** "You can either make a bad situation worse, or you can make a bad situation better. Those are your two options."

IN SUMMARY

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- Demonstrate Calmness and Stability
- Make it Easy for the Client to Give in and Win
- Aim for Minimal Intervention

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