Unstuck: Effective Interventions for Your Most Challenging and Resistant Clients

Bill O’Hanlon
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Problems Originating with Clients

Inclusion as an effective response to ambivalence and resistance

- Discovering inclusion
- Dissolving resistance
- Including ambivalence so that it is not a problem
- Acknowledging dual responses or feelings

Inclusion Level 1

Permission #1
To
- You can
- It’s okay
- You’re okay if
**Inclusion Level 1**

**Permission #2**
- Not to have to
  - You don't have to
  - It's okay if you don't
  - You're okay if you don't

**Inclusion Level 2**

**Inclusion of seeming opposites**
- You can and not
  - Opposite polarities
  - Previously incompatible experiences/traits

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**Inclusion**

“Do I contradict myself? Very well, then I contradict myself. I am large, I contain multitudes.”

—Walt Whitman

**Inclusion**

“In logic, no two things can occupy the same point at the same time, and in poetry that happens all the time. This is almost what poetry is for, to be able to embody contrary feelings in the same motion.”

—Donald Hall
Inclusion

“Anger and tenderness—my selves. And now I can believe they breathe in me as angels and not as polarities. Anger and tenderness—the spider’s genius. To spin and weave in one moment anywhere. Even from a broken web.” —Adrienne Rich

A Man in His Life (Yehuda Amichai)

I don’t have time to have time for everything.
I don’t have seasons enough to have a season for every purpose.
Ecclesiastes was wrong about that.
I need to love and to hate at the same moment, to laugh and cry with the same eyes, with the same hands to cast away stones and to gather them, to make love in war and war in love. And to hate and forgive and remember and forget, to set in order and confuse, to eat and to digest what history takes years and years to do.
I don’t have time
When I lose I seek, when I find I forget, what I forget I love, when I love I begin to forget.
And my soul is experienced. My soul is very professional. Only a body remains forever an amateur. It tries and it misses, drunk and blind in its pleasures and its pain.
I will die as figs die in autumn, shriveled and full of ourselves and sweet, the leaves growing dry on the ground, the bare branches already pointing to the place where there’s time for everything.

Milton Erickson on Inclusion

“If you can’t say the ‘no,’ the patient has to.”

Inclusion

Wanting to change and not wanting to change
Validate the person’s ambivalence or reluctance to change
Validate any “change talk” or “solution talk” as well
### Problem/Stuck Talk
- Reasons the person can’t change
- Reasons the person doesn’t want to change
- The risks of change
- Denying a problem or concern
- Focusing on the past and problems or causes of problems
- Talking about their helplessness or inability to change
- Feeling pushed into change

### Change/Solution Talk
- Reasons the person wants to or must change
- Desire/longing for something different
- Dissatisfaction with the status quo
- Strength or ability
- Mentioning previous solutions or things that went well or better
- Committing to change or action

### Recognizing Change/Solution Talk

**D.A.R.N.**
- **D=Desire:** I want to
- **A=Ability:** I can
- **R=Reasons:** It’s important/crucial because
- **N=Need:** I should/I have to

### Responding to Change/Solution Talk

**E.A.R.S for change:**
- **E=Elaborating**
- **A=Affirming**
- **R=Reflecting**
- **S=Summarizing**
**OXYMORONS**

<table>
<thead>
<tr>
<th>Awfully nice</th>
<th>Exact estimate</th>
</tr>
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<tbody>
<tr>
<td>Found missing</td>
<td>Same difference</td>
</tr>
<tr>
<td>Almost exactly</td>
<td>Sweet sorrow</td>
</tr>
<tr>
<td>“Now, then ...”</td>
<td>Working vacation</td>
</tr>
<tr>
<td>Terribly pleased</td>
<td>Tight slacks</td>
</tr>
<tr>
<td>Definite maybe</td>
<td>Pretty ugly</td>
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**Apposition of Opposites, Oxymorons and Tag Questions**

**Apposition of opposites**

“You can remember to forget those things that are important to forget and remember to remember those things that are important to remember.

**Oxymorons**

Elaborately casual; vicious pleasure; unconcerned vigilance

**Tag questions and comments**

“That’s the way it is, isn’t it?”

“You really want to change, do you not?”

“You don’t want to go on being miserable, do you?”

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**Containing and Restraining Inclusive Interventions**

**Link resistance to a particular location/time/situation**

“You find yourself resisting while you are sitting in that chair, don’t you? Please move to the other chair.”

“You found yourself resisting change when it was being forced on you, didn’t you?”

**Restrain the person from changing right now**

“Don’t change anything yet. Before you make changes, let’s make sure we understand the situation a bit better.”

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**Ambivalent? Well, yes and no**
Inclusion Level 3

Exceptions
That's the way it is, except when it's not
- Moments of exception
- Including the opposite possibility
- Recognizing complexity

The Inclusive Self

Where to Apply Inclusion

Injunctions
- Restraining - Can't, shouldn't, won't
- Compelling - Have to, should, will, must

Be, think, feel, know, notice, do, talk about

Undoing Injunctions

Determine the injunction
Sex is bad.
It's not okay to get angry.
I have to relax or stop obsessing.

Use any or all of the inclusive methods to undo injunctions
"It's okay to be connected and sexual."
"You don't have to relax. If the obsessions are there, you can just let them be there."
### When to Apply Inclusion

- Resistance
- Inner conflict
- Numbing
- Compulsions/obsessions
- Ambivalence
- Shame/self-devaluing
- Dissociation
- Bigotry/negative projection

### Review: Levels of Inclusion

- **3 Levels of Inclusion**
  - **Permission**
    - To
    - **Not to have to**
  - **Inclusion of (seeming) opposites**
  - **Exceptions**

### Dealing with harmful behaviors inclusively

- Distinguish between feelings and actions (some people don’t make this distinction)
- Accept the person and their feelings; validate them
- Don’t accept all their actions; stand against self- and other-destructive actions

### Dealing with self-harming behaviors

- Discover, if possible, the experience and motivations of the person when they are self-harming
  - Each person is different, although there are some patterns
  - Externalize, both verbally and physically
    - Narrative therapy externalizing of negative behavior to separate the person from the problem and loosen their resistance to challenging the behavior
    - Physically externalize by getting the person to enact the self-harming outside or on the surface of the body
  - Give permission for impulse or feelings, and restrain behavior
  - Get them to give advice to someone else who is self-harming and find any possibilities or help in that advice
Dealing with resistance by using indirect approaches

- Harder for clients/patients to resist
- Bypass the conscious, rational mind
- Clients/patients can take them or leave them

Indirect approaches

- Acknowledgement and possibility
- Language-based positive expectancy (sleight of mouth)
- Indirect hypnosis
- Metaphorical interventions
  - Stories, analogies, symbolic actions and so on

Acknowledgment and Possibility

Carl Rogers with a twist

3 methods
- Reflecting in the past tense
- Reflecting from total to partial
- Reflecting from truth/reality claims to validating perceptions

Stories in Changework

One way to change the viewing is to tell and use stories
We are wired for story

Somewhere in our neuro-physiology, we’ve been hard-wired for story. There is a kind of narrative imperative—we can’t be without stories and we will find them where we can.
–George Miller, director of Mad Max movies

That Reminds Me of a Story

□ Homo Narrans
□ Exercise: Freeing the metaphorical mind

Freeing the Metaphorical Mind

✓ Problems are like . . .
✓ Therapy is like . . .

Types of Metaphors

✓ Fables/parables
✓ True stories
✓ Metaphorical clusters/frames
✓ Life stories and narratives
✓ Therapeutic and teaching stories
✓ Rituals and symbols
## Elements of Stories

- **Characters**
- **Action**
- **Beginnings, middles and ends**
- **Settings and props**
- **Dialogue**
- **Suspense/engagement of interest**
- Vague enough to allow for identification
- Enough specific details (names, places, actions, sensory details, etc.)
- **Repetition of phrases and words**

### Orange Cheeks
**Jay O'Callahan**

### Flowers and Freckle Cream
**Elizabeth Ellis**
"One of the most valuable things we can do to heal one another is listen to each other's stories." — Rebecca Falls

"All sorrows can be borne if you put them into a story or tell a story about them." – Isak Dinesen

Listen deeply without theories
The patient on the ceiling

Exercise
- Interview people and ask them about any of these things:
  - Early childhood memories
  - Favorite fairy tales
  - Family stories (about self or family)
  - Life changing moments/turning points
Evoking solutions from within:
Bypassing resistance using indigenous knowledge

Their Own Solution:
A Solution-Oriented Approach to Community Change

- In 1991, Jerry and Monique Sternin were hired by Save The Children to create a large-scale effective program to reduce child malnutrition in Vietnam.
- They were given only a small budget.
- More than 65% of Vietnamese children were malnourished at the time despite previous aid and relief efforts.

- Out of desperation, they tried a new approach: find families in which children were not malnourished and discover how they accomplished this.
- They discovered that some families fed their children tiny shrimps and crabs as well as sweet potato greens, foods that other families did not think were good for children. They also fed their children smaller and more frequent meals.
- Meetings were held and the successful families shared their approach with the other families in the four communities with which the Sternins worked.
- Word of the program’s success spread throughout Vietnam, resulting in a long-term significant reduction in child malnourishment.
Psychotherapy Outcome Research

Roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not. (Eysenck, H. (1952). “The Effects of Psychotherapy: An Evaluation,” Journal of Consulting Psychology, 16:319-324.)

Discovering Solution-Oriented Therapy

- The African Violet Queen
- Walking out of depression

Treat clients as experts

- In their problem experience and suffering
- About their concerns and hopes for treatment
- About what is helpful or unhelpful
- About what they are motivated away from and toward (energy)
- About their abilities and competence

Co-creating goals and treatment directions

Explore concerns and longings

- What brings you here?
- What are you most concerned about?
- If someone else suggested you come, what were they concerned about and why did you decide to come?
- Do you agree with their concern?
Co-creating goals and treatment directions

Discover their criteria for progress and success:
- How would you know we are making progress?
- How would you know you have gotten what you came for?
- How would you know that we are successful in our work together?

Benefits

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<tr>
<th>Less burnout</th>
<th>Feeling less responsible for making change happen</th>
<th>Less resistance from clients/patients</th>
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<tbody>
<tr>
<td>More effective intervention</td>
<td>Better connection between clients/patients and you</td>
<td>More hopeful; better morale</td>
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Exceptions

Find times when the problem would have been expected but didn’t occur

Discover times when the problem is not quite as severe

Find out what the person is doing when the problem is not happening

Methods

How to use the solution-oriented approach
Previous Solutions

Investigate other times of successfully navigating or resolving the same or a similar problem

Find someone in the person’s life who has solved a similar problem well

Evoking what works

Evoking competence

Find out in what settings the person is competent and skilled

Find out who believes or believed in the person and their goodness and abilities; perhaps ask on behalf of that person what they would advise if they were present

What advice would the person give others who were facing this or a similar problem?

Suggest that the person transfer skills, knowledge and abilities from a context of competence to the problem area

Recognizing, evoking or enhancing competence
Recognizing, evoking or enhancing resources

- Have you ever successfully dealt with a problem like this or this specific problem before?
- Who could you ask for help or support to cope with or to help you resolve this problem?
- What do you do well or know a lot about? Where do you feel confident or competent?
  - Hobbies/interests
  - Work skills or knowledge
  - Social skills or abilities
  - Artistic or creative skills or abilities
- How might you use this competence or knowledge to help solve or cope with this problem?

- Who believes in you or has seen the best in you?
- What would they say about solving or dealing with this problem?
- What quality do they or did they see in you that they admired?
- How might you use this quality to help solve or cope with this problem?

Positive coping

- Find out how the person has been coping positively with the problem
- Ask why the problem isn’t worse or does not always occur
- Ask the person to give you advice or comfort for others who might be going through the same kind of problem or suffering

Noticing pre-conversation change

- Find out about any positive change or progress in the problem situation in recent times
- Ask the person to give you their sense or idea about why this change has happened and what it might take to continue positive change in the future
### Methods

<table>
<thead>
<tr>
<th>Exceptions</th>
<th>Previous solutions</th>
<th>Competence</th>
<th>Positive coping</th>
<th>Noticing pre-conversation change</th>
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### Future Pull: Orient to a Future with Possibilities

- Create a sense of a problem-free future or a future with hope and possibilities
- Assume change will happen
- Let your language reflect that sense of hope
- Presuppose change
- Tell stories of possibility without being invalidating or “too positive”
- Help the person imagine a time after the problem
- The miracle question

### Future Pull

“*The future enters into us, in order to transform itself into us, long before it happens.*” — Rainer Maria Rilke

"*You have to go fetch the future. It's not coming towards you, it's running away.*" — Zulu proverb
Future Pull Interventions

Problems into goals

Rephrase from what is unwanted to what is desired

Redirect from the past to the future

Mention the presence of something rather than the absence of something

Suggest small increments rather than big leaps

Elspeth McAdam

...A young girl I was working with had experienced abuse. She walked into my office as a very large girl with shaved hair, tattoos on her head, and I don’t think she had showered in a week. I had been asked to see her because she was so angry. She clearly didn’t want to come and see an expletive expletive shrink. She was very angry at being there. I just said to her, ‘You’ve talked to everybody about your past. Let’s talk about your dreams for the future.’ And her whole face just lit up when she said her dream was to become a princess. In my mind I could not think of two more opposite visions—but I took her very seriously. I asked her about what the concept of princess meant for her.
Elspeth McAdam

She started talking about being a people's princess who would do things for other people, who would be caring and generous and a beautiful ambassador. She described a princess who was slender and well dressed. Over the next few months, we started talking about what this princess would be doing. I discovered that, while this girl was 14 and hadn't been attending school for a long time, the princess was a social worker. I said, 'Okay it is now ten year's time and you have trained as a social worker. What university did you go to?' She mentioned one in the north of England. I asked, 'What did you read there?' She said, 'I don't know, psychology and sociology and a few other things like that.' Then I said, 'Do you remember when you were 14? You'd been out of school for two or three years. Do you remember how you got back in school?'

Elspeth McAdam

She said, 'I had this psychiatrist who helped me.' I said, 'How did she help you?' And she started talking about how we made a phone call to the school. I said, 'Who spoke? Did you or her?' She replied, 'The psychiatrist spoke but she arranged a meeting for us to go to the school.' I said, 'Do you remember how you shook hands with the head teacher when you went in? Do you remember what you wore?' We went into these minute details about what that particular meeting was like—looking from the future back. And she was able to describe the conversations we had had, how confident she had been, how well she had spoken, and the subjects she had talked about. I didn't say any more about it.

Elspeth McAdam

About a month after this conversation she said to me, 'I think it's about time we went to the school, don't you? Can you ring and make an appointment?' I asked if she needed to talk about it any more and she said no, she knew how to behave. When we went into the school she was just brilliant. I first met that girl ten years ago. Now she is a qualified social worker. She fulfilled her dream—although she didn't go to the university she mentioned.

Letter From Your Future

- Write a letter from your future self to your current self
- From five years from now
- Describe where you are, what you are doing, what you have gone through to get there, and so on
- Tell yourself the crucial things you realized or did to get there
- Give yourself some sage and compassionate advice from the future
<table>
<thead>
<tr>
<th>Crystal Ball Method</th>
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<tbody>
<tr>
<td>What is your sense of a future you would prefer (vs. problem-determined or problem-continued future)?</td>
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<tr>
<td>What would you do or focus on or think in the near future if you were committed to or moving toward that future?</td>
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<tr>
<th>The Miracle Question</th>
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<tbody>
<tr>
<td>“Imagine that you went to sleep tonight and while you were sleeping, a miracle occurred and the problem that brought you to therapy was resolved.”</td>
</tr>
<tr>
<td>Make certain that the person is experientially involved in the scenario.</td>
</tr>
<tr>
<td>“When you first open your eyes, what the first thing you will notice that will let you know that this miracle has occurred?”</td>
</tr>
<tr>
<td>“How would other people know the miracle had occurred? What would they notice that is different about you or what you are doing?”</td>
</tr>
<tr>
<td>Keep tracking the changes through the day, the week, the month and so on</td>
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<table>
<thead>
<tr>
<th>Future Pull</th>
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<tbody>
<tr>
<td>“The best thing about the future is that comes only one day at a time.” –Abraham Lincoln</td>
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<table>
<thead>
<tr>
<th>Evoke a future without the problem</th>
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<tbody>
<tr>
<td>Ask the person to imagine they didn’t have the problem</td>
</tr>
<tr>
<td>What would they be doing and thinking? What would be different?</td>
</tr>
<tr>
<td>How would other people know that the problem was no longer troubling them if they didn’t tell them?</td>
</tr>
<tr>
<td>Use metaphors and images to help the person imagine a problem-free future; miracle; time machine; crystal ball; magic wand</td>
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</table>
Practice Evoking a Problem-Free Future

- Get in small groups and find one person who wants to solve a problem or resolve a situation
- Help the person imagine a problem-free future and help them bring pieces of that future back into the present and near future

Symptom Transformation

- The problem as a solution
- The energy or pattern of the problem can be transformed into a solution
- The key to transformation is to apply it in a useful/contributing direction

Symptom Transformation

“*You might as well ride the horse in the direction it’s going.*” – Werner Erhard

Examples of Symptom Transformation

- Compulsive type-A smoker; Erickson suggested he would develop a compulsion to quick by August, perhaps earlier
  - Result: He quit in July, and was thereafter compelled to carry around a full pack of cigarettes with him
- A woman who was unable to urinate; Erickson suggested she would begin to be anxious about wetting her pants and being able to get to the toilet on time
  - Result: She was able to urinate without trouble
- A man who experienced premature ejaculation was told that he would begin to worry about not being able to ejaculate
  - Result: He stopped prematurely ejaculating
Examples of Symptom Transformation

- A woman sought help from her psychology teacher and confessed she was being seduced while under hypnosis by her family physician; they were both Mormon and if she accused him, she was likely not to be believed and to be shunned. Yet she believed his hypnotic control over her was unbreakable due to the power of suggestion. She as put in trance by the instructor and told she would no longer have to follow hypnotic suggestions
  - Result: She broke away from the physician
- A TV anchorman was having panic attacks just before he was scheduled to go on the air; Erickson said he had too much energy and needed to dissipate it; suggested he do deep knee bends
  - Result: He stopped having panic attacks on the job and saved his career

Solution-Oriented Inner Work/Hypnosis

- Sometimes people have non-conscious resources that can be evoked in the service of change
- These can be especially helpful for automatic problems that are not under conscious, behavioral influence
- Permissive vs. Authoritarian/mind-reading
  - Could, might, can vs. will, are
- Evocative vs. Directive/suggestive
  - Vague language to evoke unknown and unspoken resources/abilities

Problems Originating with Therapists
The Resistant Therapist

- Not getting the basics clear when starting therapy
- Not listening or connecting to clients
- Being restricted by mentors or models
- Too rigid in theory or method
- Hooked by clients
- Hypnotized by problems

The Basics

- There must be a clearly defined presenting problem that the client agrees to before proceeding with therapy
- Discover who is motivated in the situation and by what or for what they are motivated
- Make a determination as to when therapy will stop and be experienced/defined as successful
- If you skip any part of this process, it could come back to cause trouble

The Rules

- Never be the most motivated person in the therapy room or relationship
- Never try to teach a pig to sing; it wastes your time and annoys the pig
Motivational issues

- The two types of motivation
  - Away from (pain/suffering/shame/fear or negative consequences or events)
  - Toward (desired consequences or events/hoped for or remembered good things)
- Past, present, future
- Motivation is the juice for change
- Find yours or your clients and link it to the desired change (even for involuntary clients)

Creating motivation

- The brick wall strategy
- Using others who are motivated to increase a person’s motivation
  - Social pressure or influence
    - The “second family”
  - Legal or economic consequences

Dealing successfully with “involuntary” clients

- Determine what the consequences might be for non-compliance or non-completion of a course of therapy
- Do not take on responsibility for getting to completion or avoiding the consequences
- Determine who is motivated and for what or by what they are motivated
- Join in any way through commonalities or compassionate connection
- Discover what the person in your office or treatment center wants, even if it doesn’t initially fit with what the legal system or others want for the person
- If possible, link their interests to the interests of other customers in the case

Common Factors in Successful Therapy Outcomes

- 40% Client Factors
- 30% Relationship
- 15% Expectation/Placebo
- 15% Model/Technique
- 15% Other Factors

Outcomes

- 30%
- 40%
- 30%
- 15%
- 15%
**Connection make a big difference**

Connection (or the quality of the relationship) seems to have much to do with the quality of outcome in therapy as well as the satisfaction of therapist and client.

“Only connect.” –E.M Forster

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**Connect**

- What helps your sense of connection with a client or clients
- Matching of therapist/client commonalities
- Human to human connection
- Compassion
- What might be getting in the way of connecting with a particular client
- Anger
- Counter-transference/reminders of your old stuff or relationships
- Judgments/negative attributions

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**Humanness in Therapy**

- Not following the rules but not being unethical
- Grabbed by the lapels

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**Humanness in Therapy**

- Where has your humanness overridden your fear or therapeutic correctness?
- Where and when have you challenged the unethical professional ethical standards?
- Where or when have you taken a risk in the therapeutic relationship that seemed important or right despite the legal or financial concerns?
Learning Your Weak Spots

- Clients who hook you
  - Seductively
  - Money
  - Pity
  - Fear
  - Disgust/anger
  - Counter-transference of any kind
  - Special exceptions to your general policies

A little talk on compassion

Developing compassion when you find yourself judgmental or angry with clients

- Remember when you were in a tough, defensive place; imagine your client is in a similar place right now
- When and how did you soften towards another person? Use something similar right now and bring it to your sense of the client
- This doesn’t mean you have to excuse any bad or inappropriate behavior; just come from a compassionate place when you respond and set limits and boundaries

Finding your voice and style

- Debriefing yourself from your:
  - Training
  - Mentors
  - Theories
  - Restraining and compelling injunctions
  - Critiques
- Finding what works for you
**Unstuck**

Finding and trusting your unique style and your voice

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**e.e. cummings**

To be nobody — But — Yourself — In a world which is doing its best night and day to make you everybody else — means to fight the hardest battle any human being can fight and never stop fighting.

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**Martha Graham**

There is a vitality, a life force, an energy, a quickening that is translated through you into action—and because there is only one of you in all of time, this expression is unique. And if you block it, it will never exist through any other medium and be lost.
The world will not have it. It is not your business to determine how good it is nor how it compares with other expressions. It is your business to keep it yours, clearly and directly.

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**Investigating Your Uniqueness and Voice**

- Where and by whom was your voice or unique therapy style called into question, squelched, shamed or stifled?
- What constitutes your unique style, sensibility or voice in therapy?
- Where have you restrained yourself from using your voice or particular style or sensibility?
3 principles I learned from Erickson that have helped me get unstuck

- Observe
- Utilize
- Be flexible

Observe
- Rossi has a conversation with the ceiling
- Erickson undermines my pet theories

Utilize
- Start where people are
- Use their current realities, symptoms, strengths and contexts as resources in the therapy process
  - Gap in the teeth
  - Praying for a dry bed couple

Be Flexible
- Examining your pet theories, methods, rituals and typical therapeutic interventions with a skeptical eye
- Where or with which clients are those not serving you well?
**Be Flexible**

- The Law of Requisite Variety – The person (or part of the system) with the most flexibility controls the system
- Insanity is doing the same thing over and over again and expecting different results
- When you are riding a dead horse, the best strategy is to dismount – Dakota tribal saying

**Harvard Law**

*Under the most rigorously controlled conditions of pressures, temperature, volume, humidity, and other variables, the organism will do as it damn well pleases.*

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**Rilke**

*And the point is to live everything; live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answers.*

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