



STAR-Center LINK

Spring, 2004

We hope that your Spring is off to a great start. STAR-Center has been busy making many changes to improve our services. Here is a recap of what is new this year:

Our website has a new look! STAR-Center updated and reorganized our site to provide viewers with more information and easier access. Readers can now search through a database of old STARLink newsletters by topic to find articles and information that is of particular interest. The website also includes copies of brochures, training request forms and manual order forms that you can download directly from the site. In addition, you will find 2004 conference information as well as new contact numbers for STAR-Center.

STAR-Center has a new and improved listserv. In response to your requests, we have greatly simplified our newsletter subscription and delivery system. We now have an easy, one-step process that allows you to sign-up for and receive STAR-Link. If you have not already signed up for our new format, please visit our website to subscribe. Please encourage all of your colleagues, friends and family to subscribe today!

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S ervices for T eens A t R isk



A Cognitive Reframe for the Helping Professional: Adolescent Resistance Redefined

By Matt Onorato

Introduction

Traditional Conceptualizations of Resistance

Resistance is one of the most common obstacles that helping professionals face when attempting to assist an adolescent in distress. Resistance is a common therapeutic phenomenon. Whether the patient's refusal to speak, inability to identify his/her problems, establish goals, complete homework, or generalize skills outside the sessions, resistance can create its fair share of frustrated and burned-out clinicians. However, resistance may be understandable when viewed in the context of the enormous changes and challenges that adolescents face. Therapists ask their clients to undertake interventions that are often intimidating, or in some way subverting change efforts. Or simply breaking a long standing habit. Therapeutic change involves an immense amount of courage and willingness to give up the familiar and experience the unknown. Adolescents, at the stage of differentiating from their parents, lack significant life experience, and often possess a fragile sense of self. They often find the prospect of therapeutic change particularly threatening. It is understandable then that helping professionals frequently find adolescent resistance in treatment. Moreover, how can they attempt to break through adolescent resistance? This article will attempt to address these questions by exploring an alternative conceptualization of an adolescent's apparent resistance to change or lack of motivation and its potential impact on treatment.

Throughout psychiatric literature, client resistance has been defined in various ways. From a psychoanalytic perspective, resistance is believed to be caused by fear of change; gratification from regressive infantile and childish drives, patterns, and relationships; and the need to maintain repression of unconscious conflicts that produce anxiety and guilt (Dewald, 1980) or as any action or attitude that impedes the course of therapeutic work (Strain, 1979, p. 70). More eclectic perspectives also have attempted to explain resistance as holding back, disengaging, or in some way subverting change efforts whether knowingly or not without open discussion (Nelson, 1975, p. 587). These traditional conceptualizations of resistance, though frequently utilized by helping professionals, often emphasize client resistance as a negative, threatening concept. The client, whether adolescent or adult, is portrayed as intentionally or unintentionally creating barriers to therapeutic work and pressing his or her conscious or unconscious desire not to change. This can create the victim mentality for the helping professional, which portrays the client as playing games, deliberately refusing to cooperate, and/or sabotaging his/her therapeutic goals. The treating clinician, believing the adolescent client is intentionally creating roadblocks, may become a more emotionally distant, experience negative emotions toward the teen, and decrease his/her willingness to help. Helping professionals may also contribute to an adolescent's resistance as opposed to inappropriate or ineffectual treatment. Linehan (1993a) states that blaming the victim concept invalidates an individual's experience of her own problems. What the individual experiences as attempts to end pain are mislabeled (by the therapist) as attempts to maintain the pain, to resist improving.

As a result, these negative client conceptualizations can have a detrimental impact on a client's progress in treatment as well as his/her relationship with the helping professional. Such conceptualizations can also contribute to a decrease in the helping professional's morale.

Alternative Conceptualization

Recently, a differing conceptualization of resistance has emerged from the work of Linehan (1993a) and Wexler (1991a). According to the Dialectical Behavioral Therapy (DBT) model, which integrates Western psychological practice and Eastern (Zen) philosophy, resistance, in the traditional sense, does not exist. In fact, the client's resistance, if one could ever call it that, "makes sense" in context. In other words, "he/she (e.g. the patient) is trying to take care of him/herself in the best way he/she knows how" and "patients are assumed to be doing their best given their limitations and abilities" (Linehan, 1991a). There is some underlying validity, no matter how small, in every client's response (including any resistant behaviors). The client is doing the best he or she can with the skills he or she has. This concept, though developed specifically for the treatment of clients with Borderline Personality Disorder, can be generalized to all patient populations including adolescents.

Wexler's Program for Innovative Self Management (PRISM) adolescent treatment model, views adolescent resistance in a similar manner. "Much of impulsive and destructive adolescent behavior may be motivated by the need to restore inner cohesion and equilibrium in the face of feeling fragmented, emotionally overwhelmed, or empty.. In other words, this destructive behavior is assumed to be serving a valuable function." (Wexler, 1991a; Bonner, 2002). Through this conceptualization, the motivation behind a teen's resistance can be viewed by the therapist as a developmentally appropriate desire to increase his or her autonomy and power.

On the surface, this conceptualization of resistance can appear 'Polynish' or even dangerous. After all, how can one validate or approve of dysfunctional or even dangerous behaviors? In reality, this conceptualization of resistance does not attempt to approve of the client's behaviors but instead, on the client's motivations behind the resistant behaviors. By attempting to see from the client's perspective, the clinician can better understand the motive behind the teen's resistance and communicate to the adolescent acceptance, respect, and sincere willingness to help. In truly understanding the reasons behind the hesitancy of a patient to engage in treatment, helping professionals can decrease their own negative emotions. Additionally, the helping professional may reduce their tendency to personalize a client's actions and their beliefs that the patient is deliberately refusing to cooperate.

Applying the Conceptualization

Utilizing this revised conceptualization of resistance, the helping professional is . . . encouraged to actively provide validation for the patient's perspective, responses, and emotions (Linehan, 1993a). Clinicians should communicate that the adolescent's responses make sense and are understandable within the teen's current life context or situation. Clinicians should attempt to actively accept the client and take his/her responses seriously and not discount or trivialize them. The therapist looks for and reflects the wisdom and validity of the teen's behavior, even if only a small part of the behavior is valid. This can be a very difficult task for the therapist, but by truly finding the validity within a teen's behavior, the therapist can honestly support the teen in validating him/herself. The therapeutic use of validation can promote/support client change, teach the teen to validate him/herself, increase the teen's motivation for treatment, and decrease his/her resistance to change. Along with validation, helping professionals must also provide support and encouragement for client change. The clinician should communicate that the patient is doing the best he/she can and he/she can do better (Linehan, 1993a). The balance between acceptance vs. change is at the heart of overcoming client resistance to change. By validating and utilizing the teen's normal healthy desire for autonomy and

power, the therapist can help illustrate to the teen that the teen's impulsive behaviors/poor choices actually reduce his/her power. The therapist can identify consequences such as being hospitalized, grounded, expelled, suspended, arrested, teased, and ostracized as undesirable choices. As a result, the teen can be convinced that by learning new skills in therapy, he/she can in fact gain power, better control of his/her own choices, and get more of what he/she wants from others (Wexler, 1991a; Bonner, 2002). This strategy is in contrast to the teen's behavior being judged as bad, silly, stupid, reckless, selfish, and/or careless which often occurs with the traditional conceptualization of resistance. As a result, the teen experiences invalidation, which actually increases his/her resistance in treatment.

Why an Alternative Conceptualization of Resistance?

Cognitive Behavioral Therapy (CBT) teaches that different thoughts or interpretations of an event can lead to different behaviors, moods, and thoughts in the same situation. Perhaps a cognitive reframe is in order for clinicians regarding the conceptualization of client resistance. This article illustrated that by reframing the perceived etiology or motivation behind resistance, helping professionals can begin to view it, not as a negative treatment-threatening concept, but as a positive, therapeutic teaching tool. Arguably, by changing a clinician's interpretation of resistance and communicating this in treatment, a client's progress in treatment would improve, the therapeutic alliance would strengthen, and a clinician's burnout would decrease.

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The Postvention Standards Manual has been updated. The fourth edition is now available through our website. The latest version includes new handouts as well as updated information on memorials, educational grief groups and many other important topics related to the postvention process.

Our 2004 Conference in Pittsburgh is quickly approaching. Please visit our website at: www.wpic.pitt.edu/research/star to download registration forms or call STAR Center Outreach at (412) 245-598 for more information.



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