

# Guiding Your Most Difficult & Silent Clients

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**6 CE Training**



**CORE WELLNESS**

**corewellceu.com**



Joseph Tropper, MS, LCPC, CCTP





## CORE WELLNESS

## About Core Wellness

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Core Wellness is a dynamic training group offering evidence-based, practical workshops via live, webinar and home study delivery. Our passionate and knowledgeable trainers bring engaging and inspiring CE trainings that stimulate the heart and mind for client care and effective clinical skills.

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## About the Presenter

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**Joseph Tropper, MS, LCPC** holds a Master's degree in mental health counseling and is a highly sought-after trauma therapist, trainer & business consultant. As a Certified EMDR Therapist and Certified Clinical Trauma Professional (IATP) Joseph brings the art ad skills of trauma counseling and client motivation to life in his unique upbeat, hands-on approach that will engage, inspire and empower you as a therapist. Joseph is a full-time clinical supervisor and director and sees clients part time.



# Course Schedule

Guiding Your Most Difficult & Silent Clients: 6 CE

**Part One: Resistance, Silence & Awareness**

**Lunch**

**Part Two: Client Transformation**

# Course Schedule

Guiding Your Most Difficult & Silent Clients: 6 Hour CE

**Part One: Resistance, Silence & Awareness**

# Course Schedule

## Guiding Your Most Difficult & Silent Clients: 6 Hour CE

### Part One: Resistance, Silence & Awareness

Section 1: Intro to Difficult Clients

Section 2: What's So Hard About Cooperation?

Section 3: Runaway Clients

Section 4: Looking for Insights

# Course Schedule

Guiding Your Most Difficult & Silent Clients: 6 Hour CE

**Part One: Resistance, Silence & Awareness**

**Section 1: Intro to Difficult Clients**

## Part One: Resistance, Silence & Awareness



### **Think and Share**

Take a moment to consider your experiences and kindly share them with us.



# Part One: Part One: Resistance, Silence & Awareness

## Ice Breaker, Background



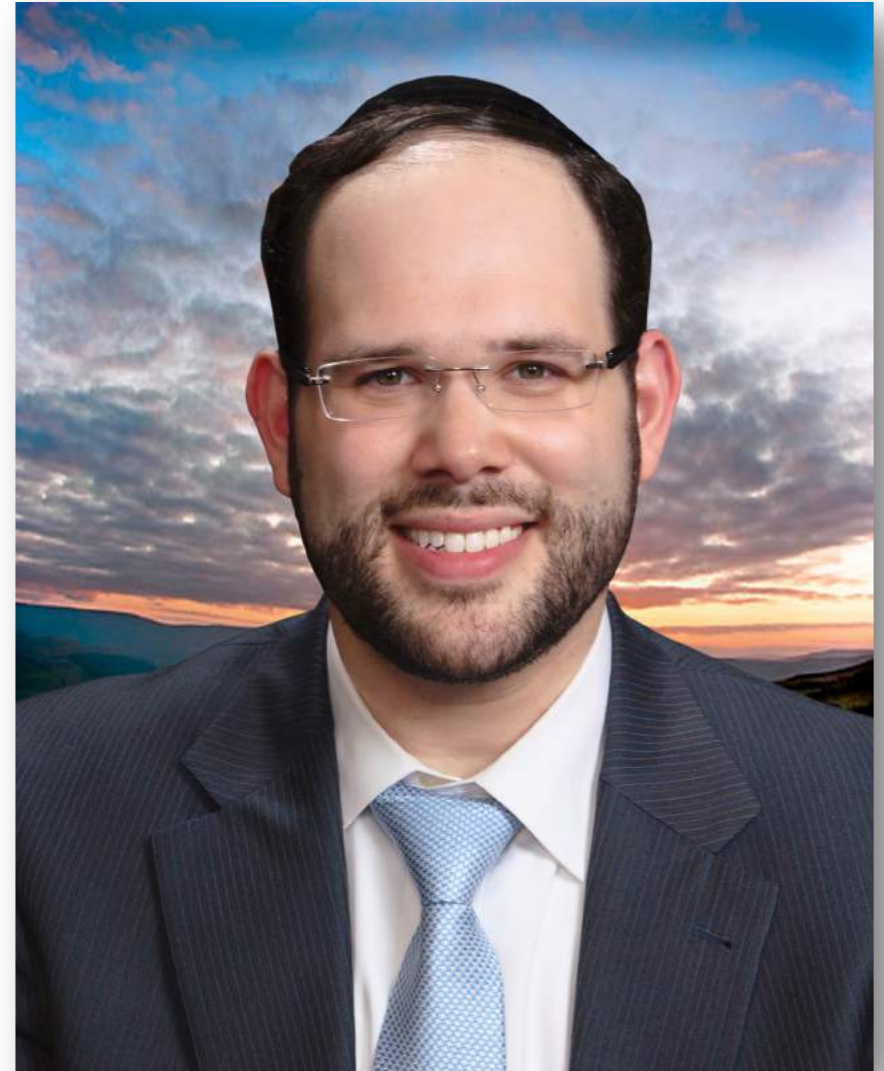
Can you please introduce yourself:

- Name, education and license
- What brings you here today?

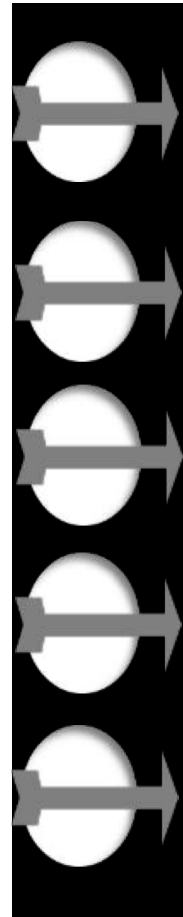
## About the Presenter

### ***Joseph Tropper, MS, LCPC, CCTP***

- *Master's degree in mental health counseling*
- *LCPC Clinician and Supervisor*
- *Director of Operations of RCC and Core Wellness*
- *Sought-after trauma therapist and trainer*
- *Certified EMDR Therapist (EMDRIA)*
- *Certified Clinical Trauma Professional (IATP)*
- *Certified Hypnotherapist and Professional Coach*
- *Training in Somatic Experiencing, Sensorimotor Psychotherapy*
- *Training in Gottman, EFT, Imago and IFS modalities*
- *Director of Operations of Group Practice*



# 5 Goals for Today



Understanding Internal/External Resistance

Fighting No-Show, Ghosting, Disinterest, Silence

Building Rapport, Respect & Motivation

15 Ways to Fight Premature Termination

Fostering Self-awareness as Therapist

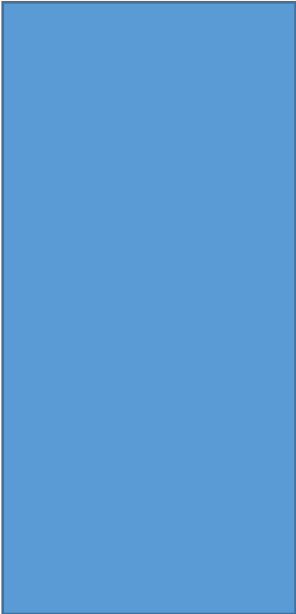
## Meet John

- 45 year old
- anger management
- self-referred
- came to 2 out of 8 sessions
- yelled about being dissatisfied



# Early Career Response

Ego /Arrogance



Confidence/  
Competence



With Experience

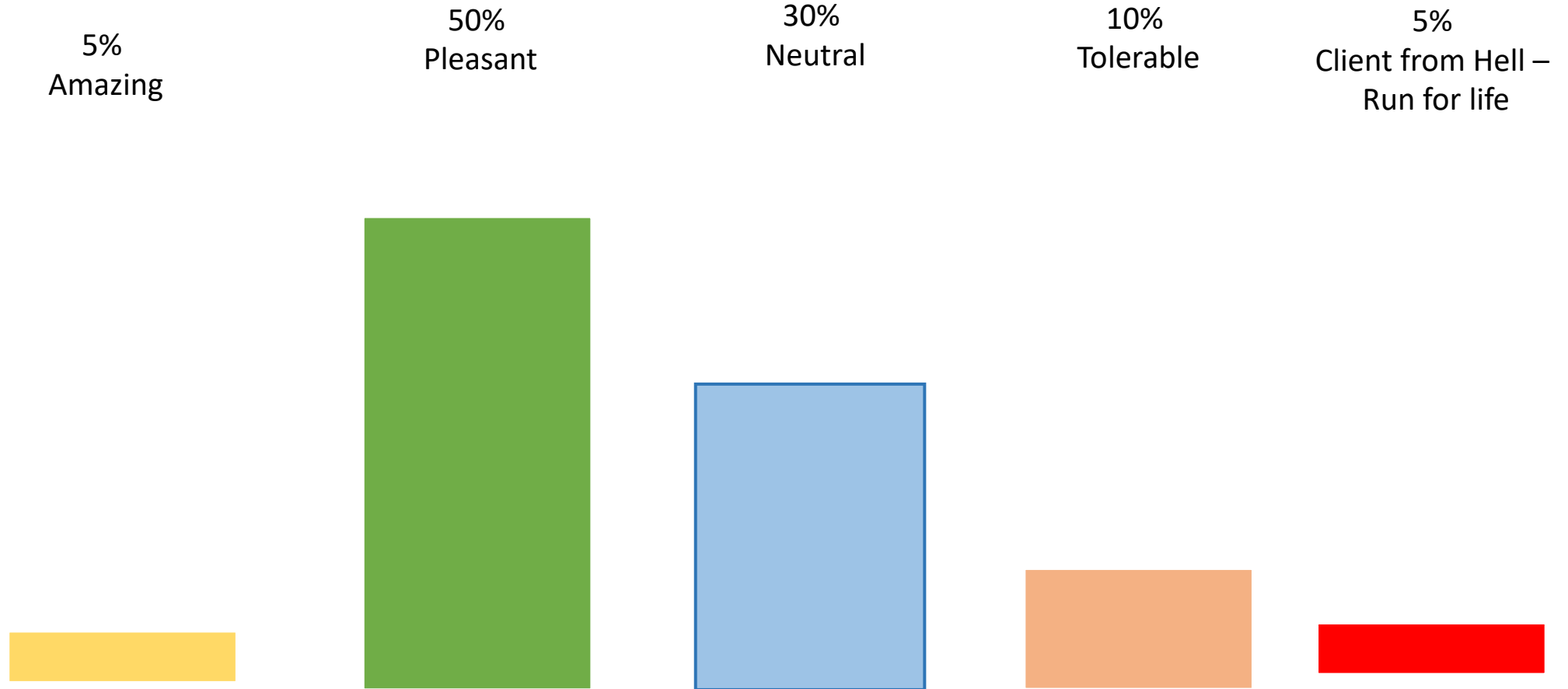
Confidence/  
Competence



Ego /Arrogance



# Client Experiences



## Now you try

### **Sally\***

29 year old AA female

Seeing her for severe depression and anxiety

Down, sad, non-assertive, low self-esteem

Working together for 2 months thus far

Rarely follows through with homework

Or self-care you agreed upon

Comes to session today: I am very upset with your lack of response to my suicide threat in our last session.

\*all names and details changed to protect identity

**Question: How do you respond?**



## Now you try

### **Jake**

40 year old Caucasian male

ASD, some Schizoaffective symptoms

Meeting you first time after being released from hospital

Suicide attempt

After a 30 minute intake

“I don’t want to be here, in fact, if I left right now, would you still charge me or my parents who are paying, or can the session be completed now?”

A photograph of a man in profile, facing left, with his right hand raised in a flat, palm-forward gesture, as if to stop or prevent something. He is wearing a light-colored, long-sleeved shirt. The background is a plain, light grey wall.

**Question: How do you respond?**

Have you ever worked with a difficult person?



**Describe  
Your  
Most  
Difficult  
Client**

**What  
Traits  
Did  
He/She  
Have?**



**Describe  
People  
You  
Don't  
Work  
Well  
With?**

**Why  
Not?**



**Describe  
Qualities  
That  
Don't  
Work  
For  
You  
In a  
Relationship**



## Part One: Resistance, Silence and Awareness



### **Think and Share**

Let's put it all together: What 3 Qualities don't work for you?


**Describe  
Qualities  
of  
Clients  
Whom  
You  
Like**



**Describe  
Qualities  
of  
People  
Whom  
You  
Appreciate  
Working  
With**





A close-up photograph of a young man and woman smiling warmly at each other. The man is on the left, wearing a light purple polo shirt, and the woman is on the right, with long, wavy brown hair. They are outdoors in a grassy area with a blurred green background. The text is centered between them.

**Describe  
Qualities  
That  
Work  
Well  
For  
You  
In a  
Relationship**

## Part One: Resistance, Silence and Awareness



### **Think and Share**

Let's put it all together: What 3 Qualities work well for you?



**You Can't Always Choose Your Clients**

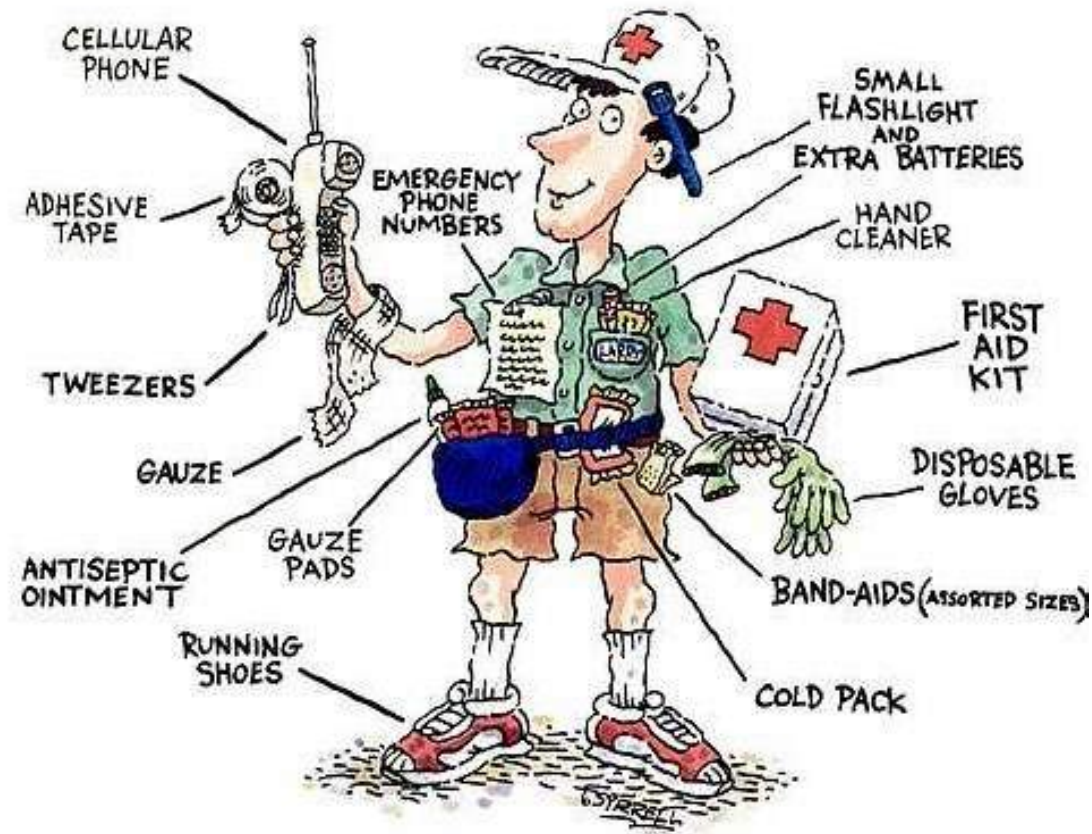


# You Can't Always Choose Your Clients

- Work decides
- Is anyone normal?
- Schedule/financial limitations

- Can't tell right away
- Issues come up in process
- Someone needs to help them!

# You Can Choose to be Self-aware And to have a game plan!



**Ask yourself:  
What is triggering me?**



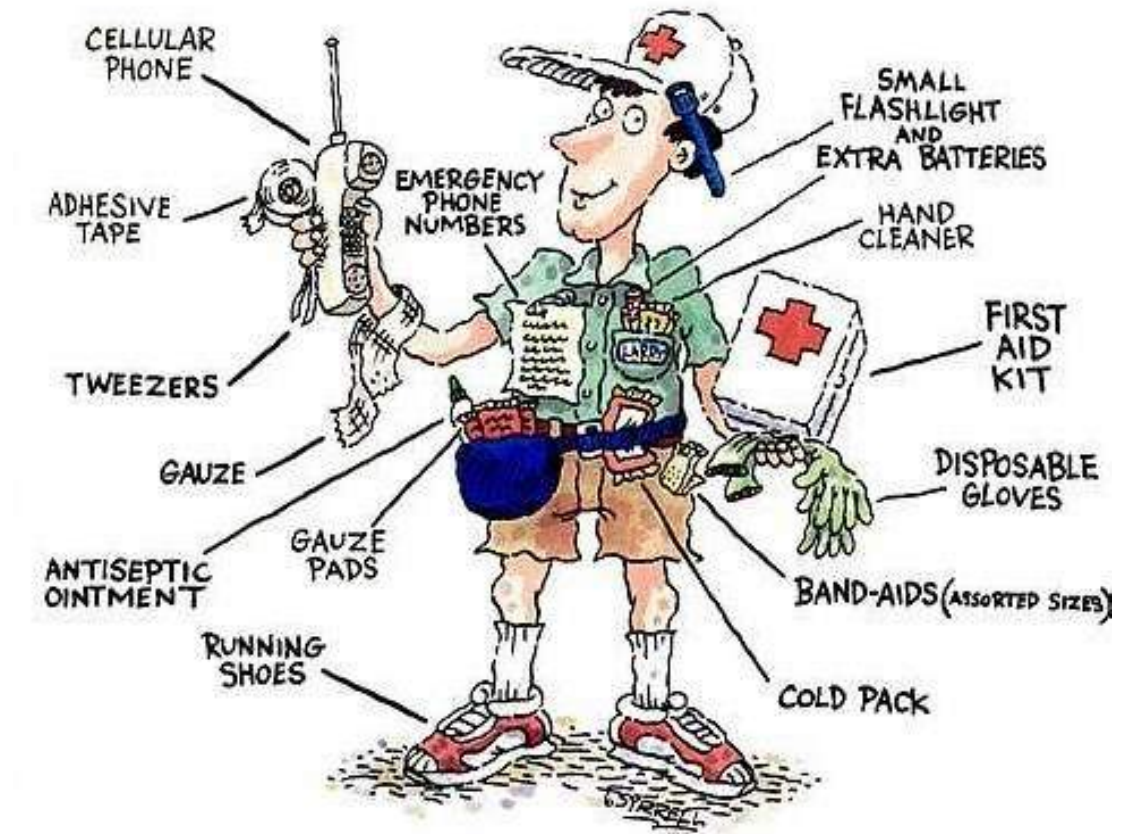
**How do I calm myself?**



# Get Prepared

Be aware of:

1. Your internal triggers
2. Your external triggers
3. Your reactions
4. The client's triggers
5. The client's reactions
6. Collaboration
7. Supervision
8. Positive attitude
9. Solid interventions





**How do I calm myself?**







**Think and Share**

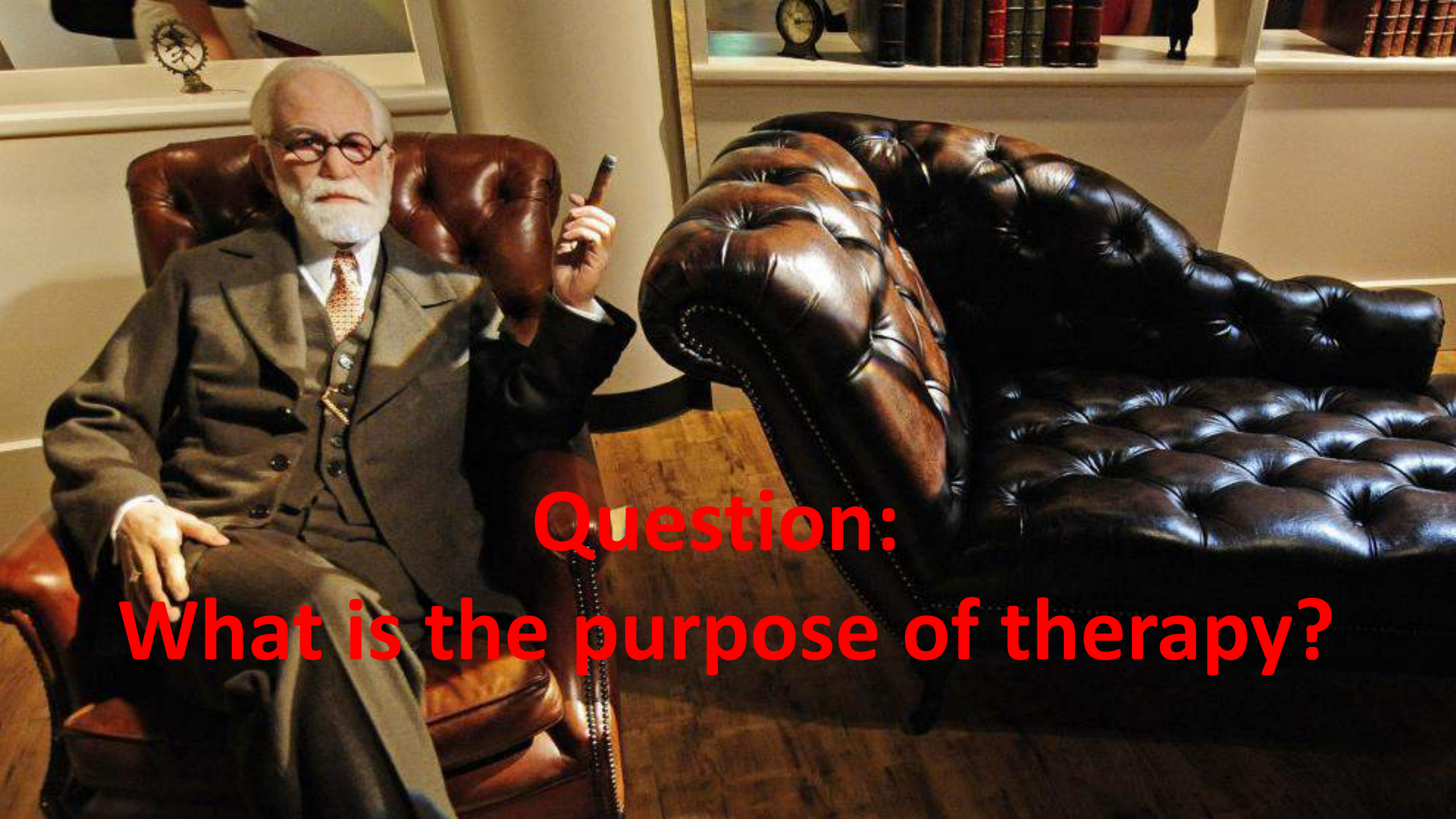
What Did You Learn?

# Course Schedule

## Guiding Your Most Difficult & Silent Clients: 6 Hour CE

**Part One: Resistance, Silence & Awareness**

Section 2: What's So Hard About Cooperation?



**Question:**  
**What is the purpose of therapy?**

## Part One: Resistance, Silence and Awareness



**Think and Share**

What Do You Think?

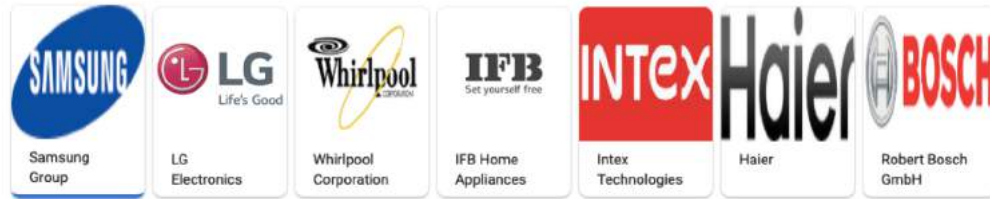




**Washing  
Machine  
Theory**



# 4 Ingredients



1- Trusted Brand

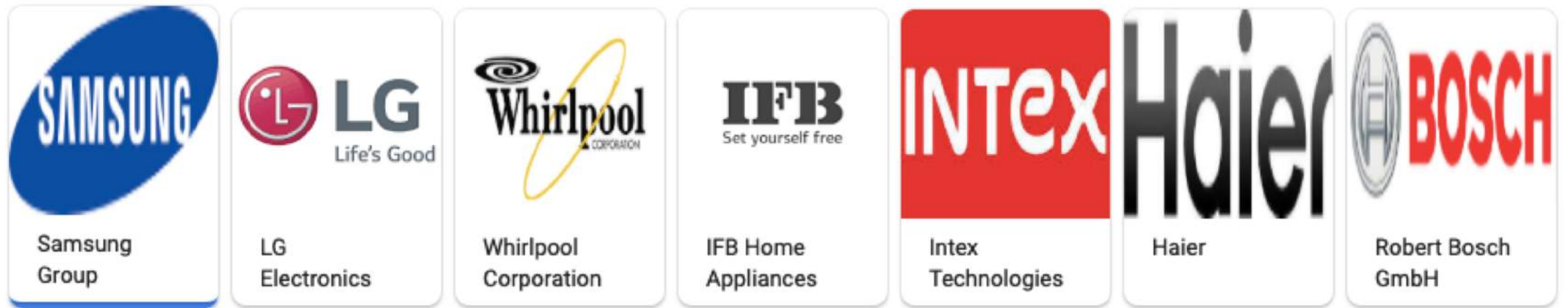
2- Effective Style

3- Detergent

4- Agitation

# 4 Ingredients

1- Trusted Brand = RAPPORT



## 4 Ingredients

### 2- Effective Style = Modality/Personality



## 4 Ingredients



3- Detergent = Life Skills

## 4 Ingredients



4- Agitation = Challenging

# The Washing Machine Theory

Joseph Tropper, MS, LCPC, CCTP

## The 4 Ingredients



1- Trusted Brand = Rapport

2- Effective Style = Modality

3- Detergent = Life Skills

4- Agitation = Challenging



**Think and Share**

How would you use the Washing Machine Model in your practice?

## 4 Ingredients




1- Trusted Brand = Rapport

2- Effective Style = Modality

3- Detergent = Life Skills

4- Agitation = Challenging





David\* is a 28 year old Caucasian male who comes in to see you because he reports, “my girlfriend claims I have a drinking problem.” He admits to drinking “a little too much, sometimes” And then goes on to explain that he is in legal trouble because of a bar fight which “I don’t remember, these things happen weekly and I was blacked out as usual.”

What are the challenges here in working with this client?

What does he need from you?

Can you provide that?

# Course Schedule

**Part One: Resistance, Silence & Awareness**

Section 3: Runaway Clients



# Why Clients Run

Strategies for Engaging Clients and Improving Outcomes

- Introduction
- Case Study
- The Problem
- Three Primary Reasons
- The Data
- Decision Model
- Solutions
- Assistance in 15 Steps



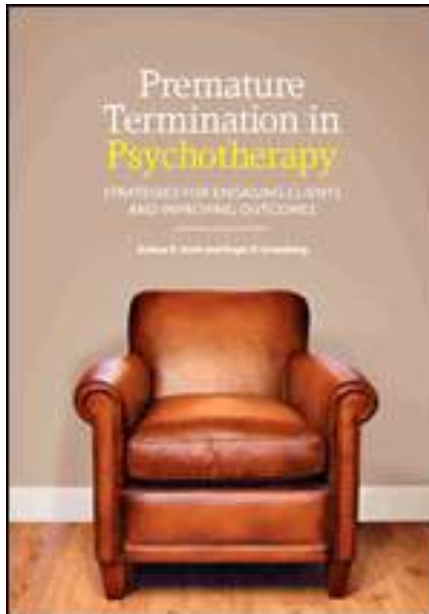
## Introduction

**Dr. Joshua Swift and Dr. Roger Greenberg:**

National average of premature termination:

**20%**

1 of every 5 clients will drop out within three sessions



**How do you deal with this?**



## The Problem



**What is the Definition of premature termination?**

## The Problem

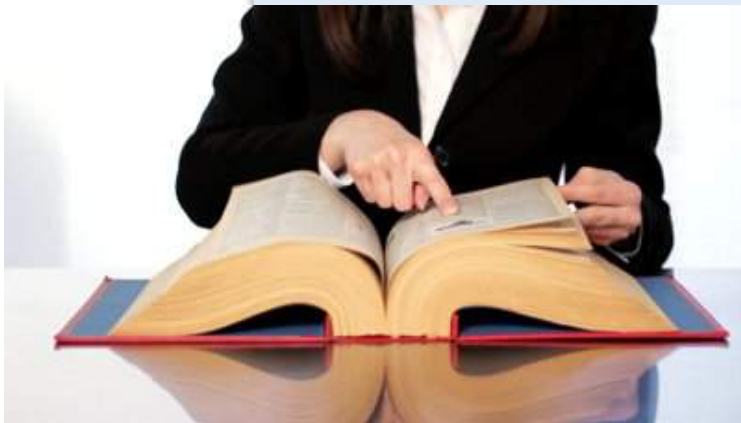


### **Definition of premature termination**

A unilateral termination of therapy by the client before the client reached the therapeutic goals.

### **Effects**

Client is at risk of relapse, clinician's self-esteem and efforts hurt, loss of income.



## First Missed Session

Studies show that once a client misses one session, either inadvertently or on purpose, it can become a slippery slope for him or her to fall out of the therapy process and terminate.



### Implication

*It is important to talk about this openly and when it occurs to give a courteous call to check in and remind the client of his or her progress.*





# Three Primary Reasons

## 1 – Dissatisfied with Therapist

Personality, skills, respect

35%

“I’m cured”

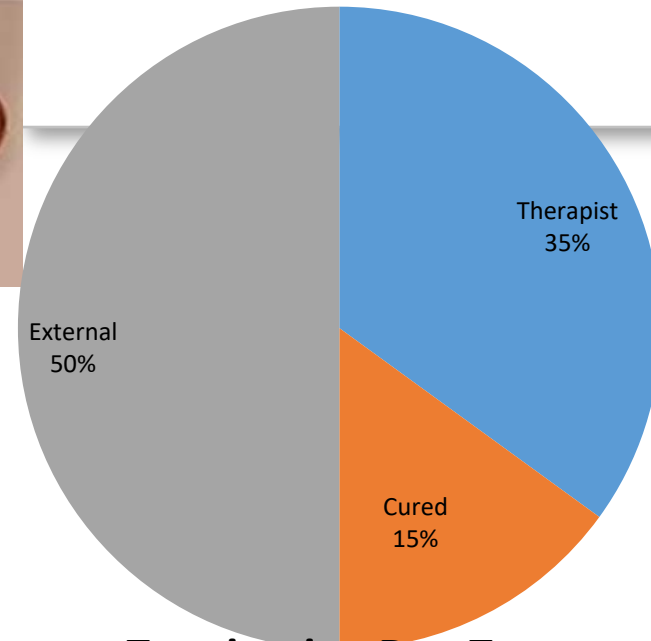
15%

## 3 – Client Perceived Sufficient Improvement

## 2 – External or Environmental Issues

Time, schedule, fees

50%



Termination Due To

## The Data

- Age, gender and clinical issues not the main variable.
- Being part of an ethnic minority was the largest factor that impacted higher drop out rates.

Let's understand why

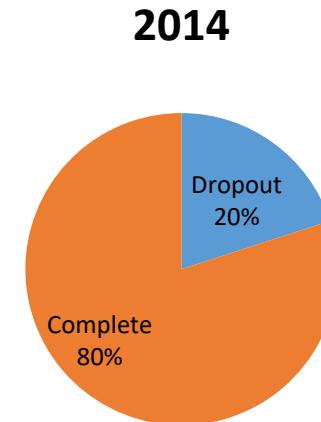
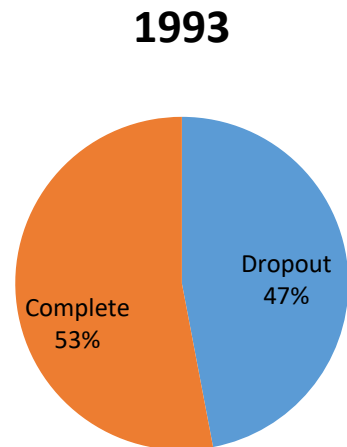


## The Data (continued)

### Dropout Rate

83,834 clients documented by 669 studies showed:

- 2014 dropout rate: 20% --- 1 out of every 5 clients
- 1993 dropout rate: 47% --- almost 1 out of every 2 clients



## The Data (continued)

### Early Termination by Issue

- Personality disorder: 25.6%
- Trauma: 20%
- Anxiety: 16%
- Psychotic disorder: 16%



### Implication

*Sometimes the client's issues get in the way and there is not much we can do about that.*

## The Data (continued)

### Early Termination by Therapy Modality

- Psychodynamic: 20%
- Cognitive/behavioral: 18.4%
- Supportive therapy: 17.3%



### Implication

Clients want to feel understood and respected and want to see direction.



## The Data (continued)

### Early Termination by Session Type

- Individual Sessions: 18.7%
- Group Sessions: 19.7%
- Both Types of Sessions: 24.6%



### Implication

We need to understand why attending both session types increased termination rate. Were therapeutic goals being met more rapidly?



### Early Termination by Limitations of Therapy Timeline

- No Time Limit: 29%
- High Time Limit: 20%
- Short Time Limit: 17.8%



### Implication

It is vital for clients to be given a timeline. Don't promise a given outcome but discuss expectations.

## The Data (continued)

### Early Termination by Therapy Process

- Using Manual: 18.3%
- No Manual: 28.3%



### Implication

Clients like to see a process and procedure and not just a random meeting with no perceived order or goals.





"We've spent considerable time on it now. Isn't there anything bothering you besides your feet?"

## The Data (continued)

### Early Termination by Facility

- University Based: 30.4%
- Public Outpatient: 23.4%
- Private Inpatient: 20.8%
- Private Outpatient: 17.4%



### Implication

Stability, care, individual attention and professionalism are large factors.



## Decision Model

The process of premature termination involves viewing the cost/benefit analysis of therapy.

*The determining factor of whether or not to terminate is the patient's perceived or properly anticipated costs associated with therapy attendance being outweighed by the patient's perceived or properly anticipated benefits of therapy.*

### Costs (perceived or actual)

Facing fears  
Stigma  
Uncomfortable  
Trust  
Schedule  
Conflicts  
Fees



### Benefits (perceived and actual)

Well-being  
Work or school improvements  
Relationship improvement  
Social improvements  
Understanding of self  
Place to get things off chest  
Support

## The Solutions

The authors contend that four primary factors must be addressed to solve the issue:

- Respect and trust established quickly and effectively
- Role expectations clarified
- Corrective process for unrealistic expectations
- Collaborative effort in defining goals and treatment



## Reached Outcome

### Reached outcome as reported by Clients (10,000 clients studied)

- 20% after 5 sessions
- 35% after 10 sessions
- 50% after 20 sessions
- 70% after 45 sessions



### Implication

We need to give clients more credit in determining their needs and goals as well as when they achieved their maximum success.



**15 Steps To Help  
“Premature Termination-Proof” your  
practice.**



# Premature-Termination-Proof Your Practice

## 15 Steps to “Premature Termination-Proof”

### Step 1 - Provide Role Induction

- Discuss roles and behaviors expected of client and of therapist
- Discuss the nature and purpose of therapy process
- Address treatment approach, challenges and benefits



# Premature-Termination-Proof Your Practice

## 15 Steps to “Premature Termination-Proof”

### Step 1 - Provide Role Induction

#### Logistics

- paperwork
- layout
- services
- changes, confirmation
- pre and post measures
- scheduling length and frequency



#### Client roles and behaviors

- client's efforts produce progress
- open and honest communication
- freely share feelings

#### Therapist roles and behaviors

- understanding and earning trust
- assist client in solving own issues
- whether or not advice is given
- whether or not questions, challenges, interpretations are used

#### Treatment rationale

- theoretically sound explanation of client issues
- procedure for dealing with them (techniques, outcomes, client jobs, therapist jobs)



## Premature-Termination-Proof Your Practice

### Step 2 - Incorporate Client Preferences into Treatment Process

- Share relevant information
- Collect feedback
- Collaborate regarding treatment plans and modality (confrontation, support, disputation, CBT)



# Premature-Termination-Proof Your Practice

## Step 3 - Plan Appropriate Termination

- Talk openly about the process and expectation
- Empower the client to feel safe to discuss



## Premature-Termination-Proof Your Practice

### Step 4 - Educate Regarding Patterns of Change in Therapy

- Remorilization (increased hope)
- Remediation (decreased symptoms)
- Rehabilitation (improved life functioning)



# Premature-Termination-Proof Your Practice

## Step 5 – Strengthen Early Hope

- Discuss therapy process
- Enumerate personal qualifications, experience, training and success
- Discuss client's self-efficacy



## Premature-Termination-Proof Your Practice

### Step 6 – Enhance Motivation for Treatment

- What benefits will therapy provide for you?
- How will you feel?



# Premature-Termination-Proof Your Practice

## Step 7 – Foster the Therapeutic Alliance

- Listen and understand by asking questions respectfully
- Be responsive
- Be prompt
- Follow-through on your word
- Don't give the client a runaround



## Premature-Termination-Proof Your Practice

### Step 8 – Assess and Discuss Progress Openly

- What is working?
- What is not working?
- How does that feel?



## Premature-Termination-Proof Your Practice

### Step 9 – Appealing and Culturally Sensitive Office Space

- Does the office make you feel safe?
- Who is greeting and calling you (office support, secretaries, security)?





## Premature-Termination-Proof Your Practice

### Step 10 – Minimize Time Between Call and Intake

- Minimal delay
- Check in about previous therapy experience
- People previously in therapy are 1½ times more likely to show up now



# Premature-Termination-Proof Your Practice

## Step 11 – Regular and Convenient Appointment Times

Continuity

Reliability



## Premature-Termination-Proof Your Practice

### Step 12 – Reminder and Missed-Appointment Calls

- Shows care
- By **therapist** and **not** secretary
- Very close to date of service



## Premature-Termination-Proof Your Practice

### Step 13 – Imagining Attendance Exercise

Self-talk “I will attend”

Positive outlook- “I will get help”



## Premature-Termination-Proof Your Practice

### Step 14 – Move at an Appropriate Pace

- Safe and honest
- Follow cues and check in (did you want to say more about that?)



# Premature-Termination-Proof Your Practice

## Step 15 – Accept and Move Forward

- Accept it as a part of the business
- If possible, try to help client end on a positive note
- In a follow-up call or letter, outline success that the client had in the therapy process
- Try to put aside your bad feelings or hurt, defensiveness and anger at being stood-up
- Don't ruminate the sessions and mistakes, learn from them but know that even the most seasoned clinicians have to deal with premature termination



**Being aware of the termination issue, talking openly about it and taking steps to avoid it will only benefit you and the client. It will allow you to provide help that you wish to give and from which the client can benefit.**



## Case Study

- **“Sally”**: 42-year-old African American female
- **Issues with family and support team**
- **History of suicide attempts**
- **Current alcohol abuse**
- **Presents with feelings of depression and anxiety**
- **Says she “has been in therapy since 18 and never found the right therapist”**
  
- **Foresee the issues**





## Case Study

- **“Adam”**: 28-year-old Caucasian male
- **First time seeking therapy**
- **Racing thoughts and inability to sleep at night**
  
- **Address the issues**

## Case Study

- **“Salina” - 51 year-old Latin American female**
- **Just lost her home and job and not coping well**
- **Feeling severely depressed**
  
- **Tackle the challenges**

***Implementing these lessons will lead to:  
1) Greater Client Engagement 2) Satisfaction 3) Attendance***



# Course Schedule

**Part One: Resistance, Silence & Awareness**

Section 4: Looking for Insights



### **Think and Share**

What is your role in relation to insight?

What Do You Think?

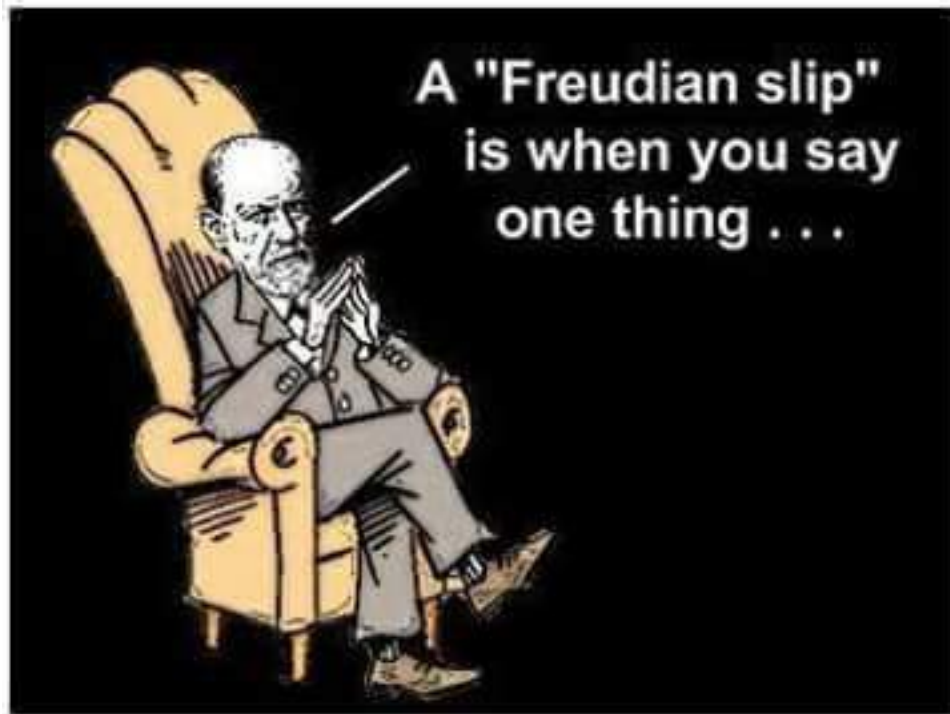
Let's Take this Even Deeper



**“Don’t add INSIGHT to INJURY”**

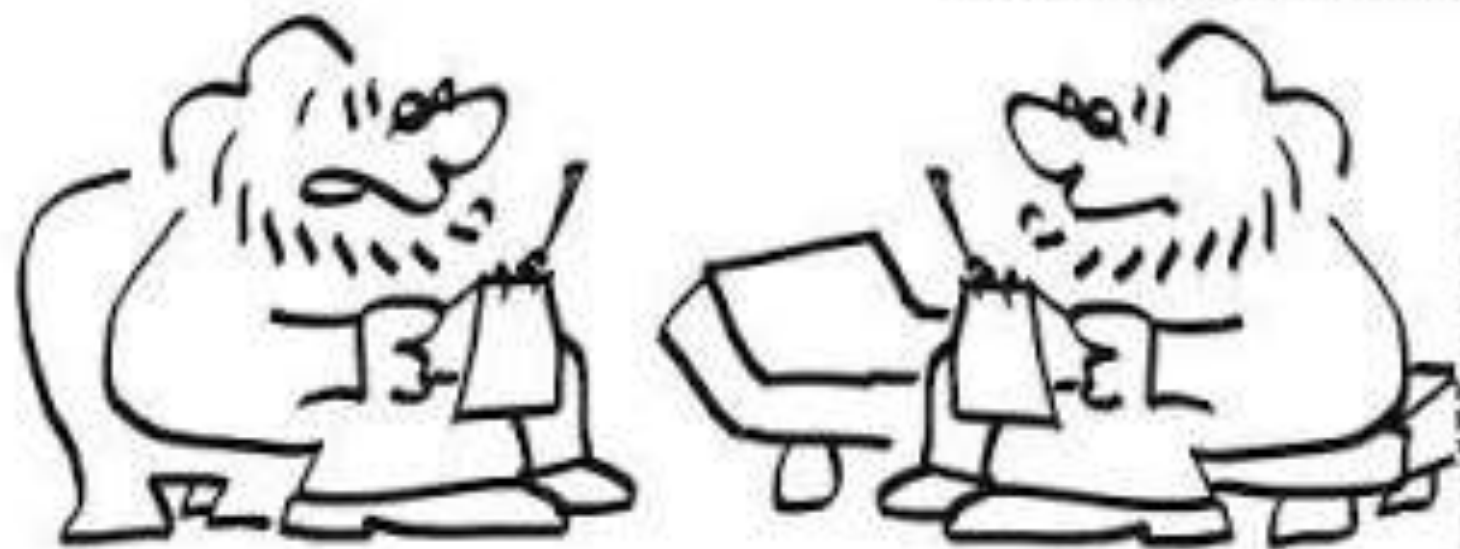
**-Dr. Allan Fay, psychiatrist**







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search ID: jman5149

"You have a very bad  
case of transference."

**So how**

**does that**

**make you feel?**



# Know thyself.

Socrates

A photograph showing a woman in a black long-sleeved top sitting on a light-colored couch. She has a distressed expression, with her hand pressed against her forehead and her eyes closed. Opposite her, a person with curly hair, wearing a light blue button-down shirt, is sitting on the same couch. This person is holding a pen and writing on a white notepad. The background is a plain, light-colored wall.

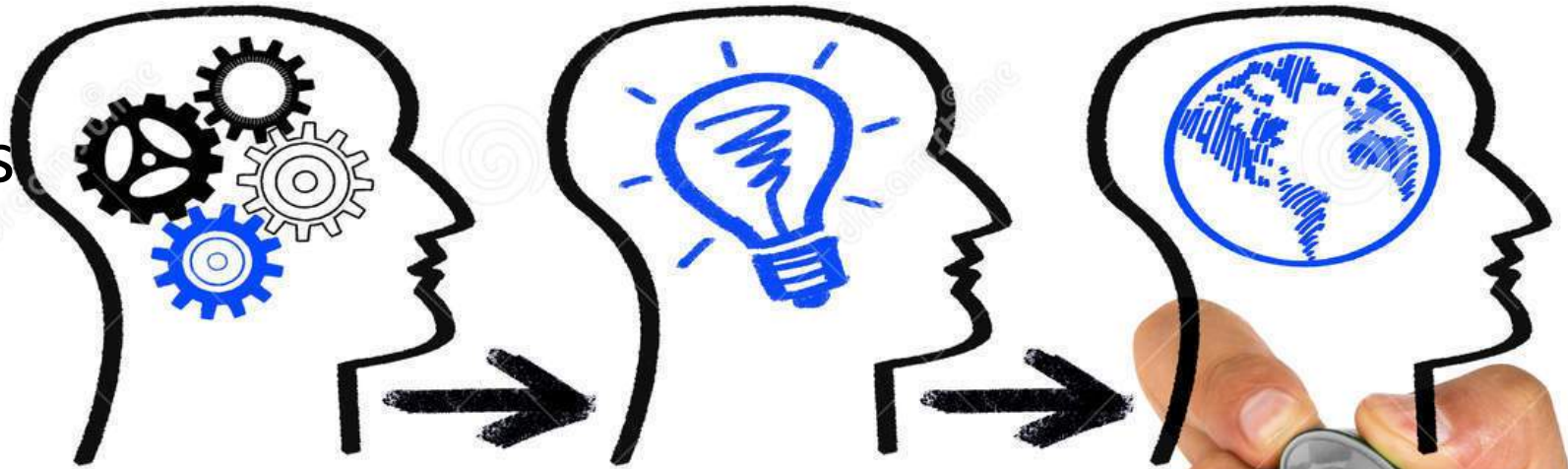
What Type of Client  
Issues Do you Deal with?



FIND YOUR  
NICHE

## Benefits

- Enhanced Relationships
- Marketing Focus
- Reduced Competition
- Increased Productivity
- Happier Clients
- Honed Expertise
- Resources and Protocol Development
- More Enjoyable and Fulfilling for all



**FIND YOUR  
NICHE**



Depression  
Anxiety  
Addiction  
Bipolar  
Schizophrenia  
Adjustment issues  
Personality disorders  
Trauma  
ADHD  
Couples issues  
Family issues  
Unemployment  
Fertility  
Sexuality  
Sexual dysfunction  
Adoption  
Divorce  
Grief  
Financial  
Suicidality  
Eating Disorders

What's your best area of expertise? How do you help clients?  
Do you have advanced training?






Depression  
Anxiety  
Addiction  
Bipolar  
Schizophrenia  
Adjustment issues  
Personality disorders  
Trauma  
ADHD  
Couples issues  
Family issues  
Unemployment  
Fertility  
Sexuality  
Sexual dysfunction  
Adoption  
Divorce  
Grief  
Financial  
Suicidality  
Eating Disorders

What's your WORST area of expertise?  
What do you do with such clients?





Make a list of 3 to 5 Items that You Rate  
in Yourself When Working with Clients



Make a list of 3 to 5 Items that You Rate  
in Yourself When Working with Clients

1. How much % did I validate vs. challenge?
2. How much % did I talk vs. the client? (15% aim)
3. Are we both client what the goals are for this coming week?
4. Did I show compassion, care and respect to the client?

## Part One: Resistance, Silence and Awareness



**Think and Share**

What Did You Learn?

**“Don’t add INSIGHT to INJURY”**

**-Dr. Allan Fay, psychiatrist**



# Course Schedule

Guiding Your Most Difficult & Silent Clients: 6 CE

Lunch



(unless you RESIST)

# Course Schedule

**Part One: Resistance, Silence & Awareness**

Section 4: Looking for Insights - Continued



**Yo Yo Clients**



# Consultant Clients





Navigation/ Goal Setting



123RF



123RF



FINISH



START



123RF



START

FINISH





123RF



123RF



123RF

START



123RF

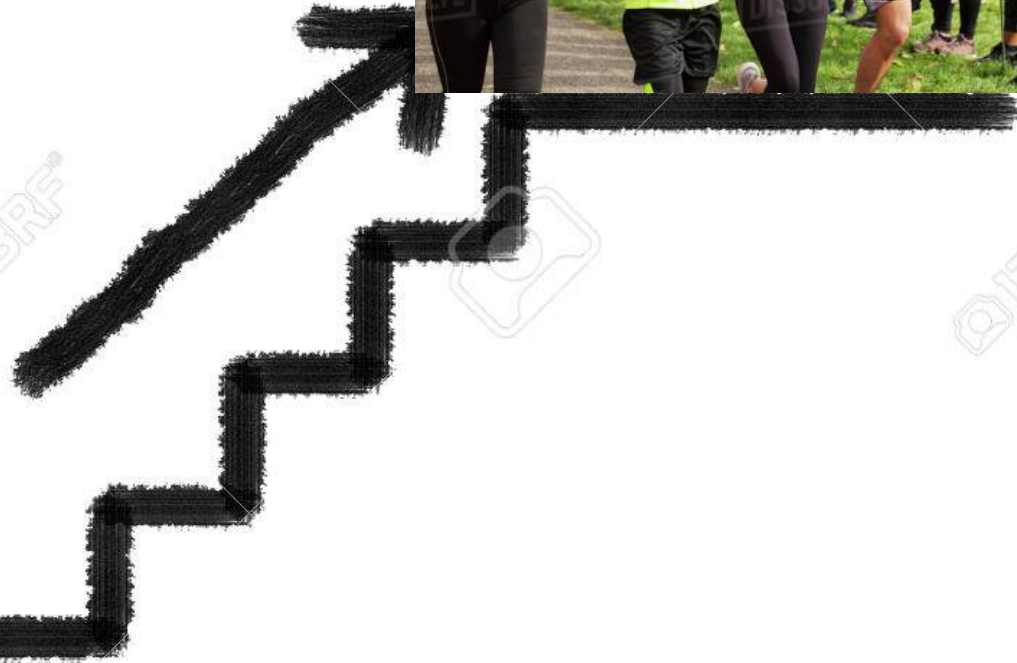


123RF





START





## Part One: Resistance, Silence and Awareness



**Think and Share**  
What is success?





The average worker  
honey bee make  
**1/12** teaspoon  
of honey  
in her lifetime!



Deafening Silence



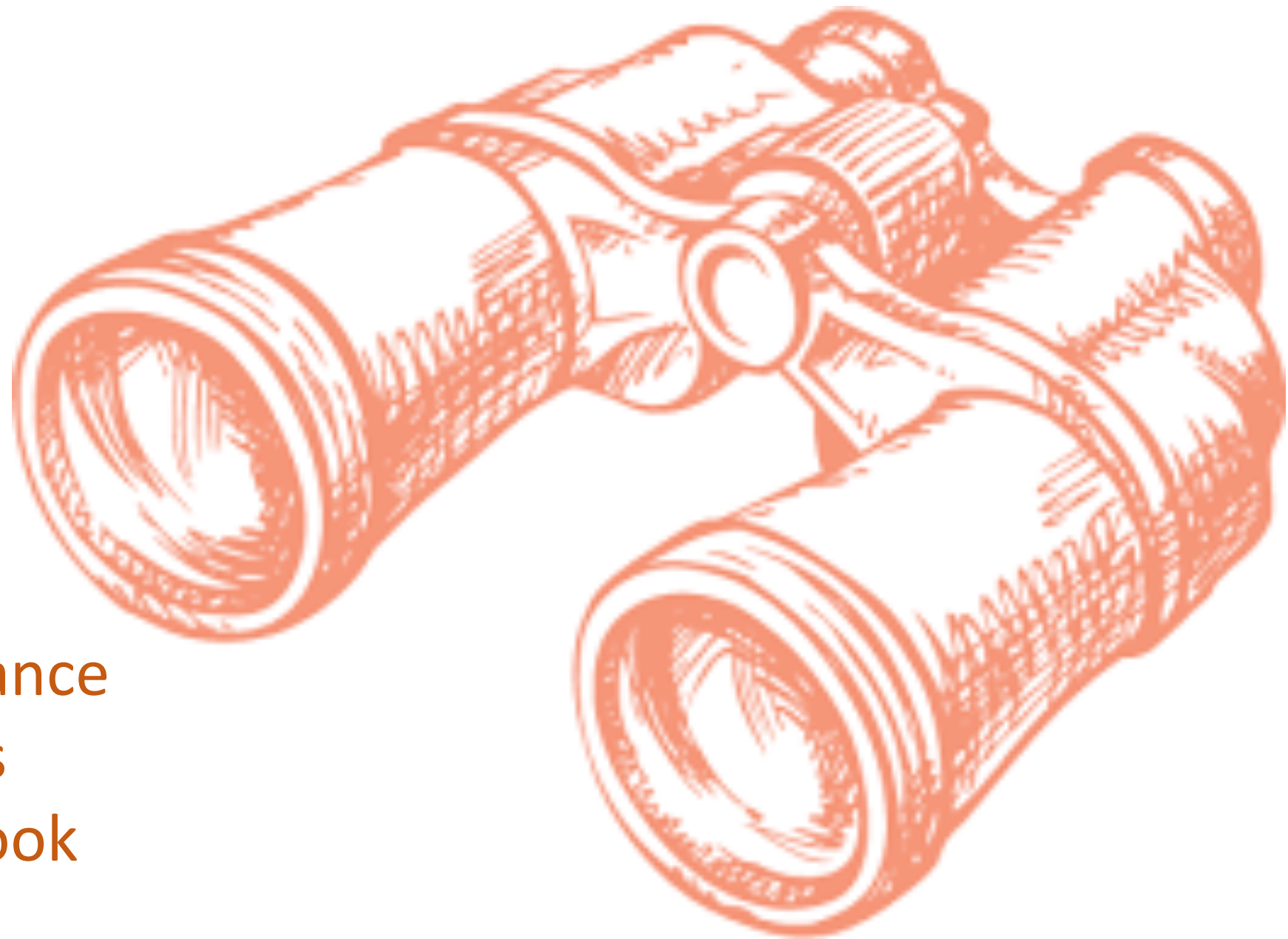
**Think and Share**

Why are clients quiet?

# Why You so Quiet? 10 Reasons







Silence and Resistance  
Speak Volumes  
for Those who Look

1. I thought you were in charge
2. I'm confused, where to start
3. I'm deeply depressed
4. I'm scared I'll say the wrong thing
5. I'm thinking/ I need time to process

1. This is overwhelming
2. You won't let me get a word in
3. I don't want to be here
4. My past therapist did it this way
5. I prefer to write





“THE EARTH  
HAS MUSIC  
FOR THOSE  
WHO LISTEN”

- shakespeare



The best and **most beautiful things** in the world cannot be seen or even touched - they must be **felt with the heart.**

*- Helen Keller*

# Course Schedule

**Part Two: Client Transformation**

# Course Schedule

## Part Two: Client Transformation

Section 1: Patience and Patients

Section 2: Motivational Insights

Section 3: Celebrating Progress

# Course Schedule

## Part Two: Client Transformation

### Section 1: Patience and Patients



Jeffrey A. Kottler is one of the foremost authorities and prolific writers in the fields of counseling, psychology, advocacy, and education. He is the best-selling author of more than 100 nonfiction books that address a wide range of subjects including personal development, group leadership, professional development of psychotherapists and teachers, social justice, and a variety of contemporary issues related to helping and healing, leadership, creativity, and personal meaning-making. His books have been translated into more than two dozen languages and include a *New York Times* bestseller and a few that have been produced as feature films.





*compassionate*



*t h e r a p y*



WORKING WITH DIFFICULT CLIENTS



*Jeffrey A. Kottler*



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On Being a  
**Therapist**

FIFTH EDITION

A group of men are participating in a tug-of-war competition on a grassy field. They are pulling on a thick rope with great effort. The background shows a clear blue sky and some spectators. The text is overlaid in the center of the image.

## **4 Main Categories of Client Resistance**

**Withholding Communication**

**Restricting Content**

**Violating Rules**

**Being Manipulative**



## **4 Main Categories of Client Resistance**

### **1) Withholding Communication**

**Silence**

**Infrequent responses**

**Rambling**



## **4 Main Categories of Client Resistance**

### **2) Restricting Content**

**Small talk**

**Intellectualizing**

**Rhetorical questions**

**Obsessive words**

## **4 Main Categories of Client Resistance**

### **3) Violating Rules**

**Missing appointments**  
**Delaying payment**  
**Improper requests**  
**Inappropriate behaviors**





## **4 Main Categories of Client Resistance**

### **4) Being Manipulative**

**Discounting  
Externalizing  
Forgetting  
Being seductive**

A scene from the movie 'Sherlock Holmes' showing Sherlock Holmes and Dr. Watson in a cemetery. Sherlock is on the right, wearing his iconic deerstalker hat and holding a pipe. Dr. Watson is on the left, wearing a bowler hat and a brown suit. They are both looking towards the right. The background shows a cemetery with tombstones and a fence.

**Resistance Outlooks:**

**Psychoanalytic: Resistant must be interpreted and counteracted**

**Behavioral: Resistance is annoying noncompliance with assigned tasks**

**Humanistic: Resistance is an expression of a need to be heard and respected**

**Cognitive Behavioral: Resistance is a natural component of the change process**

**Systemic: Resistance if a means of maintaining the family structure**

**Existential: Resistance is a means of self-expression**



**Therapist self-talk**

Client: Before we begin, can you please tell me your qualifications and training and a little about you?



## **Therapist self-talk**

**Client:** Before we begin, can you please tell me your qualifications and training and a little about you?

**Ed, MSW :** Not another one of these cases again. He's gonna be tough!

**Susan, LCPC :** That's reasonable, I wouldn't trust anyone with my life without first finding out if they are well trained.

**Cheyenne, Psychologist:** He really seems to have a need to control things from the onset, I better monitor this.

**David, LMSW :** He seems frightened by an unfamiliar situation, he needs time to get used to new things.

**Shira, LCSW-C :** As long as he can successfully keep the focus on me, he will continue to avoid looking at his own issues.

**Bert, LGPC :** Interesting starting question, I wonder what it means?



A person is wearing a mask that features a large white sign with a black border. The sign has the word 'LABELS' written in large, bold, black capital letters. Below 'LABELS', the text 'Types of Clients We Work With' is written in a smaller, bold, black font. The sign is divided into sections by horizontal and vertical lines. The person's face is obscured by the mask, and they are wearing a dark green garment. The background is a blurred, warm-toned wall.

# **LABELS**

**Types of Clients We Work With**

**Guilty of Labeling?**

# Superman Client





**Anxious Client**

# Controlling Client

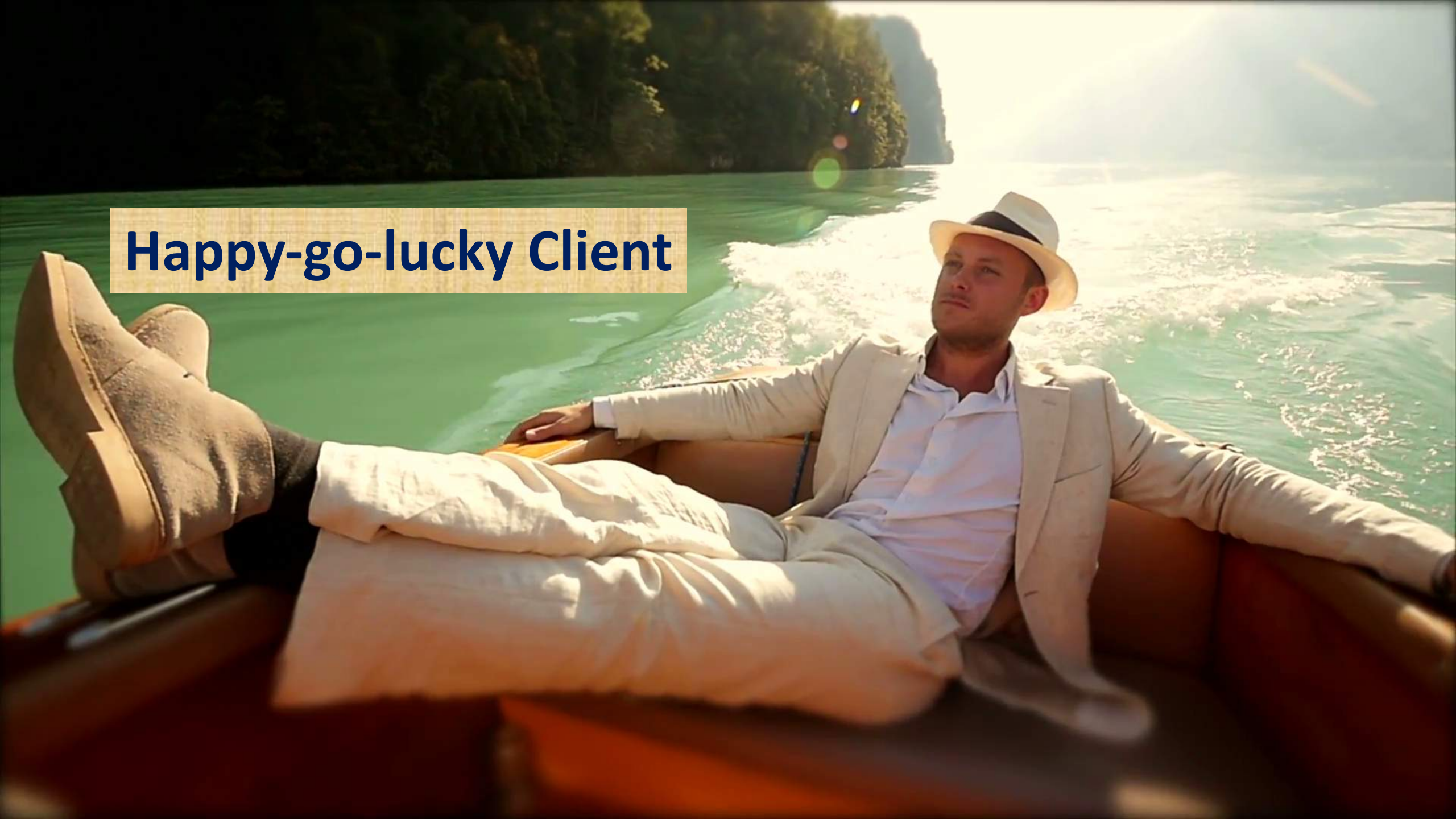


A close-up portrait of a man with a beard and intense, angry expression. His eyes are squinted and his nose is wrinkled. Two streams of white smoke or steam are rising from his ears, suggesting a state of extreme anger or frustration. The background is a plain, light-colored wall.

**Angry Client**

A black and white photograph of a person standing in a large, complex maze of hedges. The person is seen from behind, looking out over the labyrinthine paths. The maze is composed of high, dark hedges that create a complex network of paths and dead ends. The lighting is dramatic, with strong shadows and highlights, emphasizing the texture of the hedges and the depth of the maze. The overall mood is one of confusion and hopelessness.

# Hopeless Client

A man in a white suit and hat is relaxing on a boat, looking out at a tropical bay with green water and a forested cliff. The scene is bright and sunny, with a white wake behind the boat. The man is wearing a white suit jacket, a white shirt, and a white hat with a black band. He is sitting on a wooden boat, and his feet are resting on a wooden ledge. The water is a vibrant green, and the cliff in the background is covered in dense green foliage. The sun is high in the sky, creating a bright, warm atmosphere. The overall mood is one of relaxation and luxury.

**Happy-go-lucky Client**



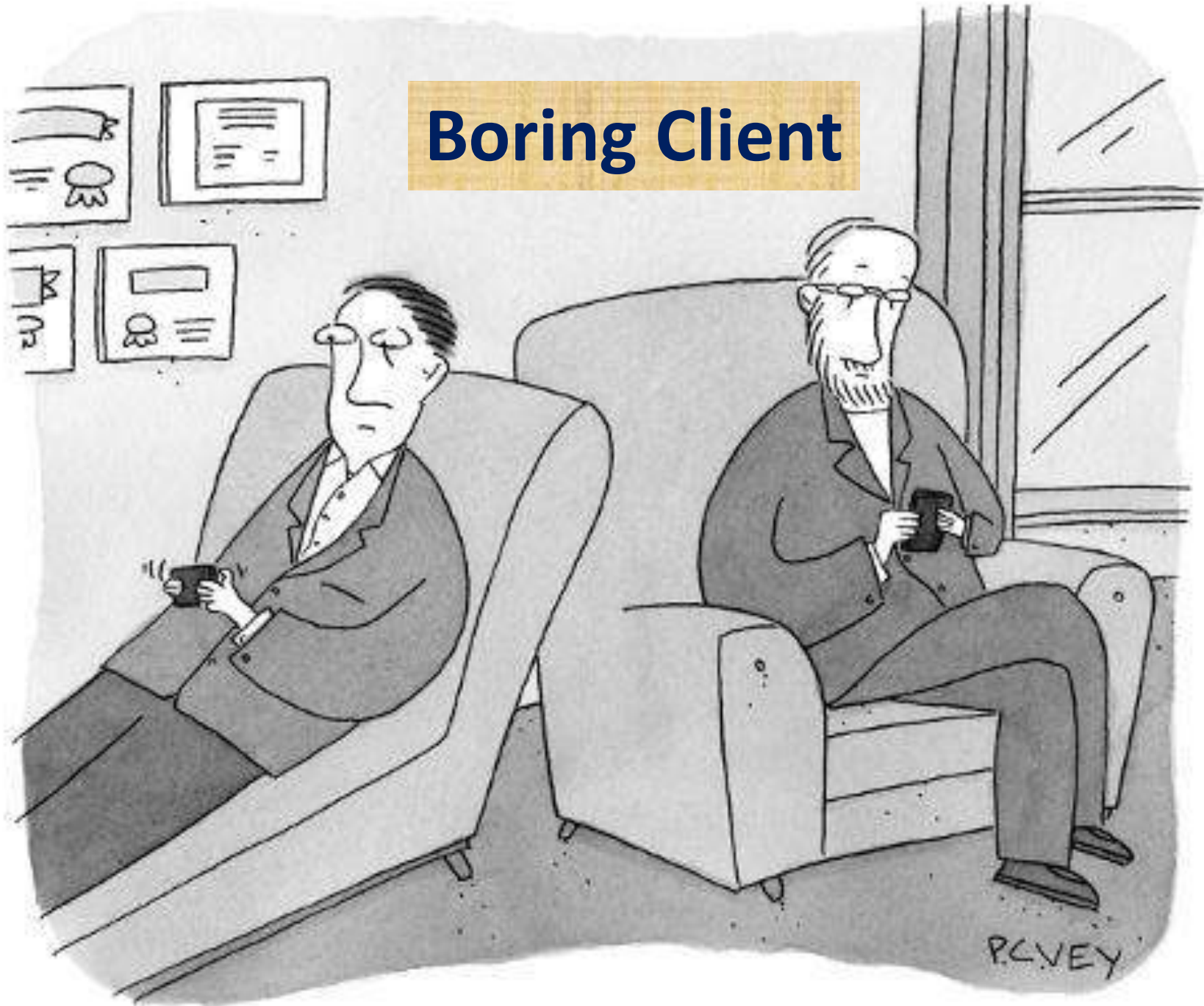
**Know-It-All Client**



**Clueless Client**

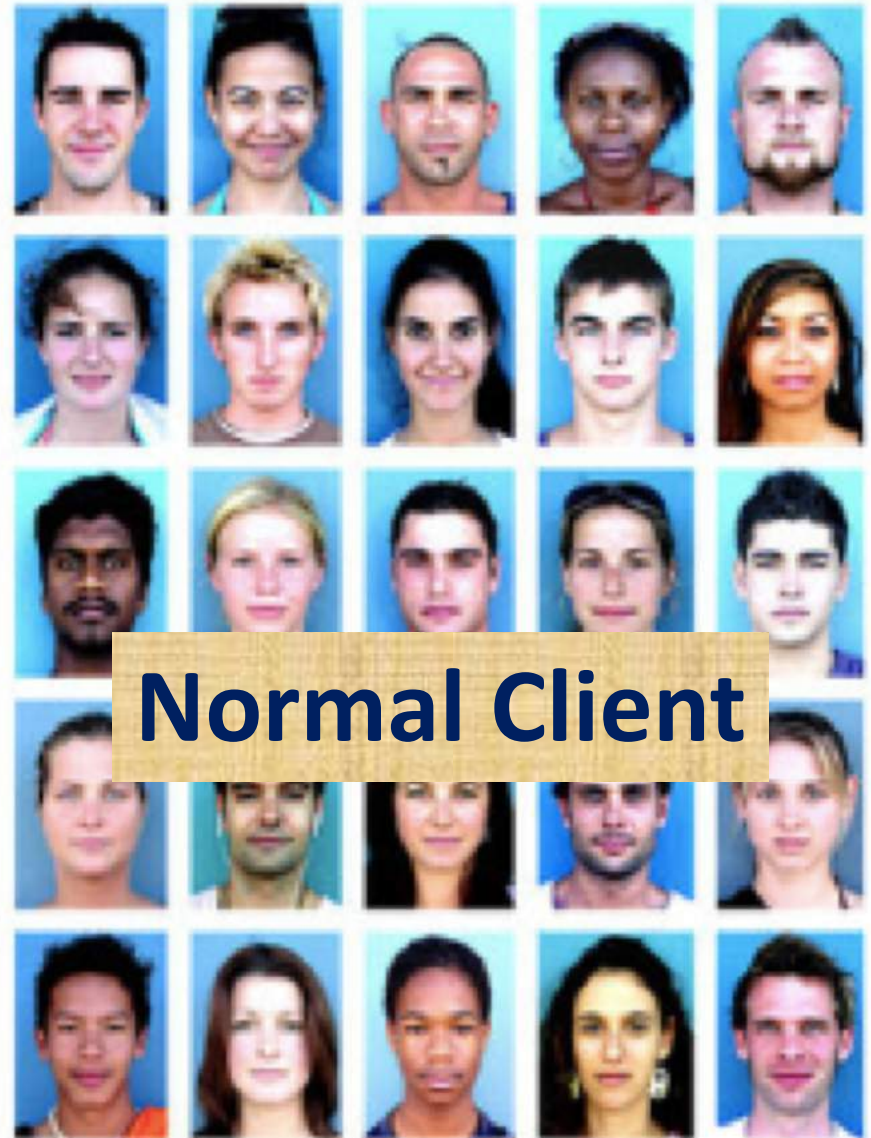


# Boring Client

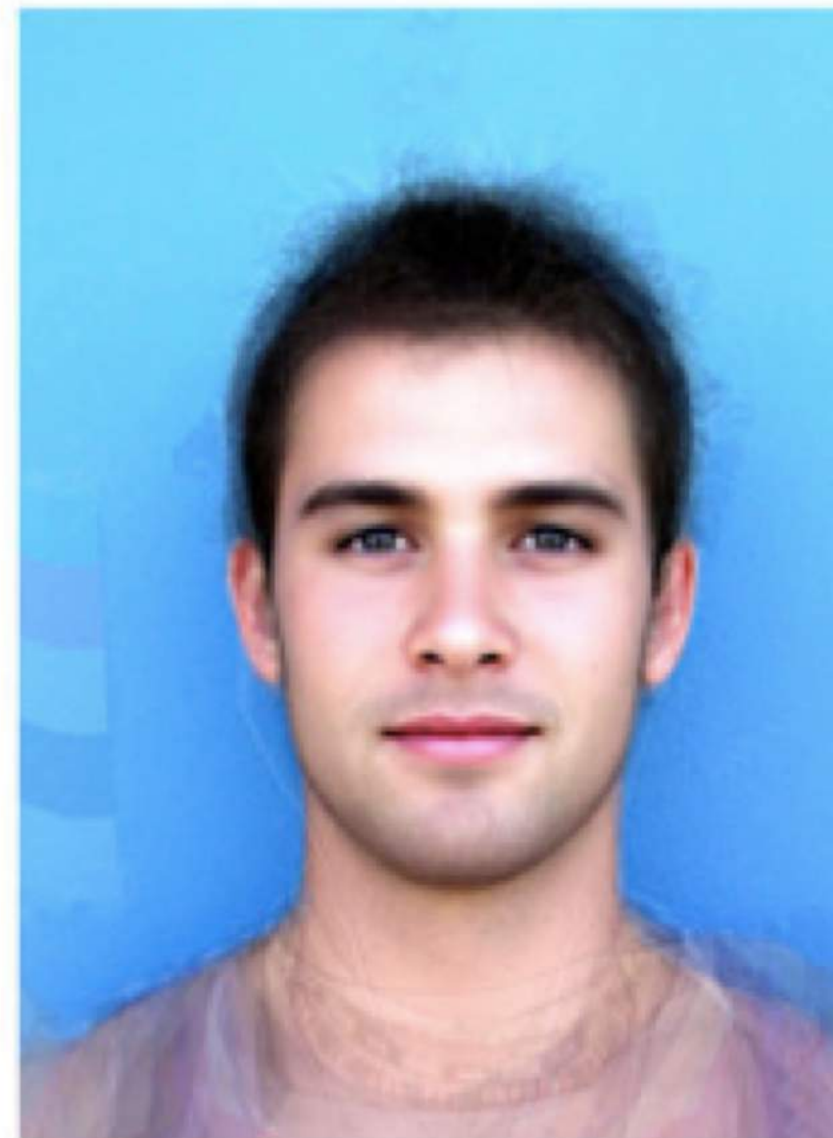


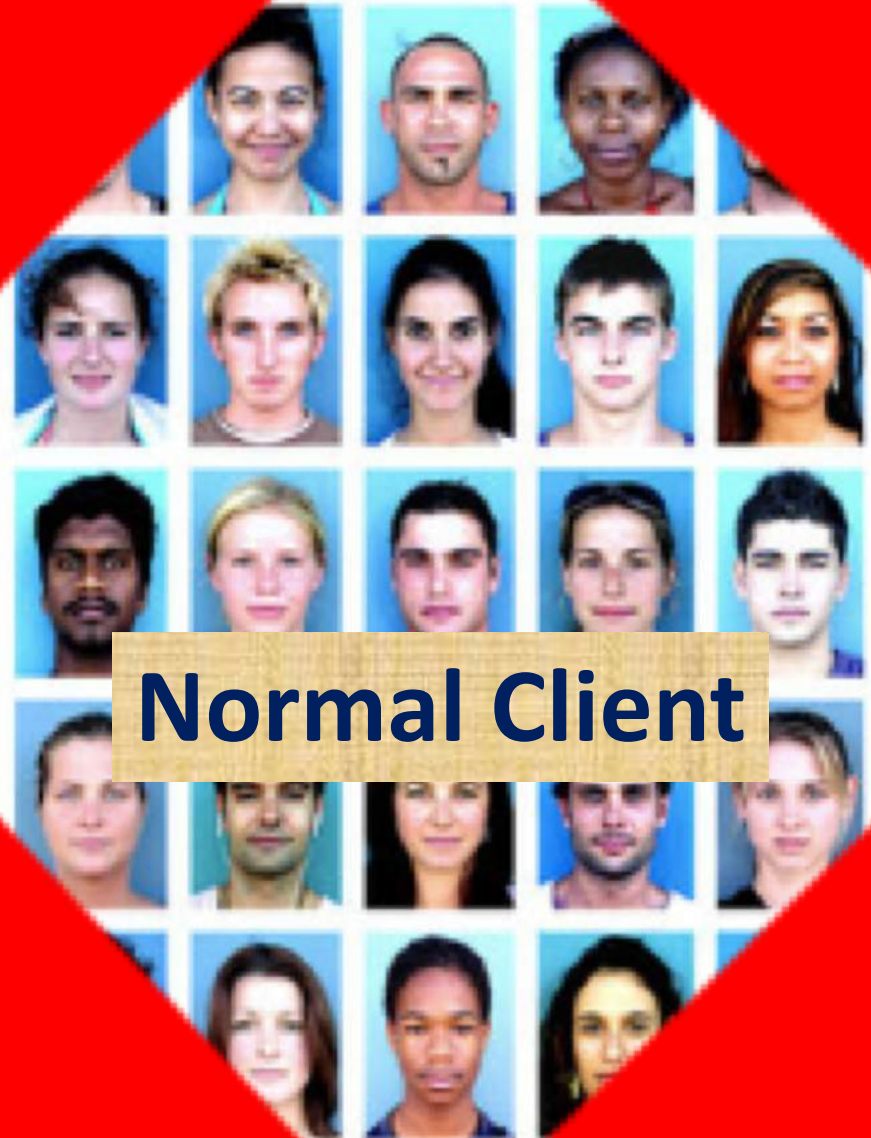


**Victim & Blame Client**



**Normal Client**





**Normal Client**

## 4 Ingredients



1- Trusted Brand = Rapport

2- Effective Style = Modality

3- Detergent = Life Skills

4- Agitation = Challenging

## 4 Ingredients

1- Trusted Brand  
= Rapport

4 Point Understanding of the Person

Find out their:

top 3 positive attributes

top 3 foes

top 3 challenges

3 inside jokes with them





## 4 Ingredients



1- Trusted Brand = Rapport

2- Effective Style = Modality

3- Detergent = Life Skills

4- Agitation = Challenging



**Think and Share**

Why Do Clients Get Angry at Us?

- 
1. False Expectations
  2. We offended them
  3. We triggered them
  4. They are triggered
  5. They are running late
  6. They are not feeling well
  7. They are not comfortable
  8. They are spending time
  9. They are spending money
  10. They waited
  11. They are having bad day
  12. Outside factors
  13. They are not having needs met
  14. Invalidation
  15. They blame you for something

## **Why Do Clients Get Upset at US?**



**“Yes, I remember the last time we had intimate physical contact.  
We were arm wrestling for the last slice of pizza.”**



**Quick Guide for Dealing  
with Difficult Clients**

1. Clarify expectations
2. Talk about your limited perspective
3. Agree on measurable ideas/outcomes
4. Acknowledge, but don't agree.
5. Use visual reminders and document
6. Openly acknowledge issue and take Responsibility for your part
7. Don't be afraid to terminate.

# Course Schedule

## Part Two: Client Transformation

### Section 2: Motivational Insights

**LET'S BEGIN BY CORRECTING THE 2 BIGGEST  
MISCONCEPTIONS OF THERAPY**

TRUE

FALSE



## BLAME AND CHANGE WAGER







# **Empowerment & Self Responsibility**

# Four Key Principles of MI



# Motivational Interviewing

## Core Skills

Open Questions

Affirmations

Reflections

Summaries

Engage

Focus

Evoke

Plan





### **Think and Share**

Summarize – what is a difficult client?

- 
- 1- PHYSIOLOGICAL/NEUROLOGICAL DISORDERS
  - 2- PERSONALITY DISORDERS
  - 3- HIDDEN AGENDAS
  - 4- INAPPROPRIATE BOUNDARIES
  - 5- REFUSE RESPONSIBILITY
  - 6 – ARGUMENTATIVE
  - 7- FEAR OF INTIMACY
  - 8-MISMATCHED PERSONALITY
  - 9- IMPATIENT
  - 10- TRANSFERENCE
  - 11- COUNTERTRANSFERENCE
  - 12- INARTICULATE

# Difficult Therapists

Unresolved emotional issues

Save the world syndrome

Can't listen syndrome

Over-analyzing

Over diagnosing

Expert Complex



A living room with a grey sofa, a coffee table, and a window with blinds. The room is brightly lit, and there is a painting on the wall. The text is overlaid on the image.

**Catherine**

**Triggered to work with me**  
**Explore issues**  
**Transference**

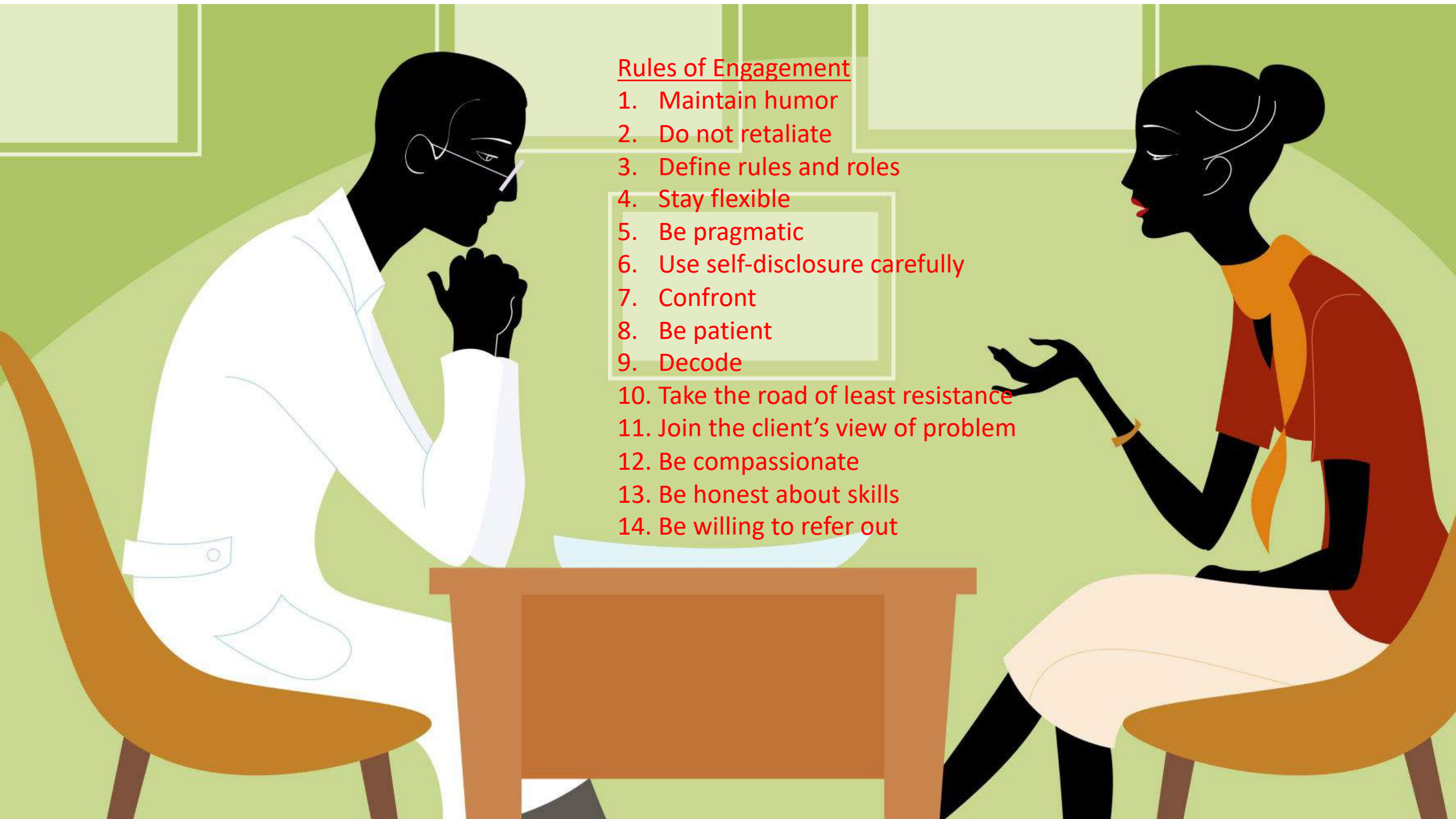
- 1- self-sabotage
- 2- feeling threatened
- 3- feeling incompetent
- 4- unreasonable expectations



## What to Do When Triggered?

1. How am I creating this problem or making it worse?
2. What unresolved personal issues of mine are being triggered?
3. Who does the client remind me of?
4. How am I acting out my frustration with the client?
5. What expectations am I demanding from the client?
6. Which needs of mine are not being met in this relationship?





### Rules of Engagement

1. Maintain humor
2. Do not retaliate
3. Define rules and roles
4. Stay flexible
5. Be pragmatic
6. Use self-disclosure carefully
7. Confront
8. Be patient
9. Decode
10. Take the road of least resistance
11. Join the client's view of problem
12. Be compassionate
13. Be honest about skills
14. Be willing to refer out

# Course Schedule

## Part Two: Client Transformation

### Section 3: Celebrating Progress



**Think and Share**  
What is success?

1. Make clear goals

**FINISH**

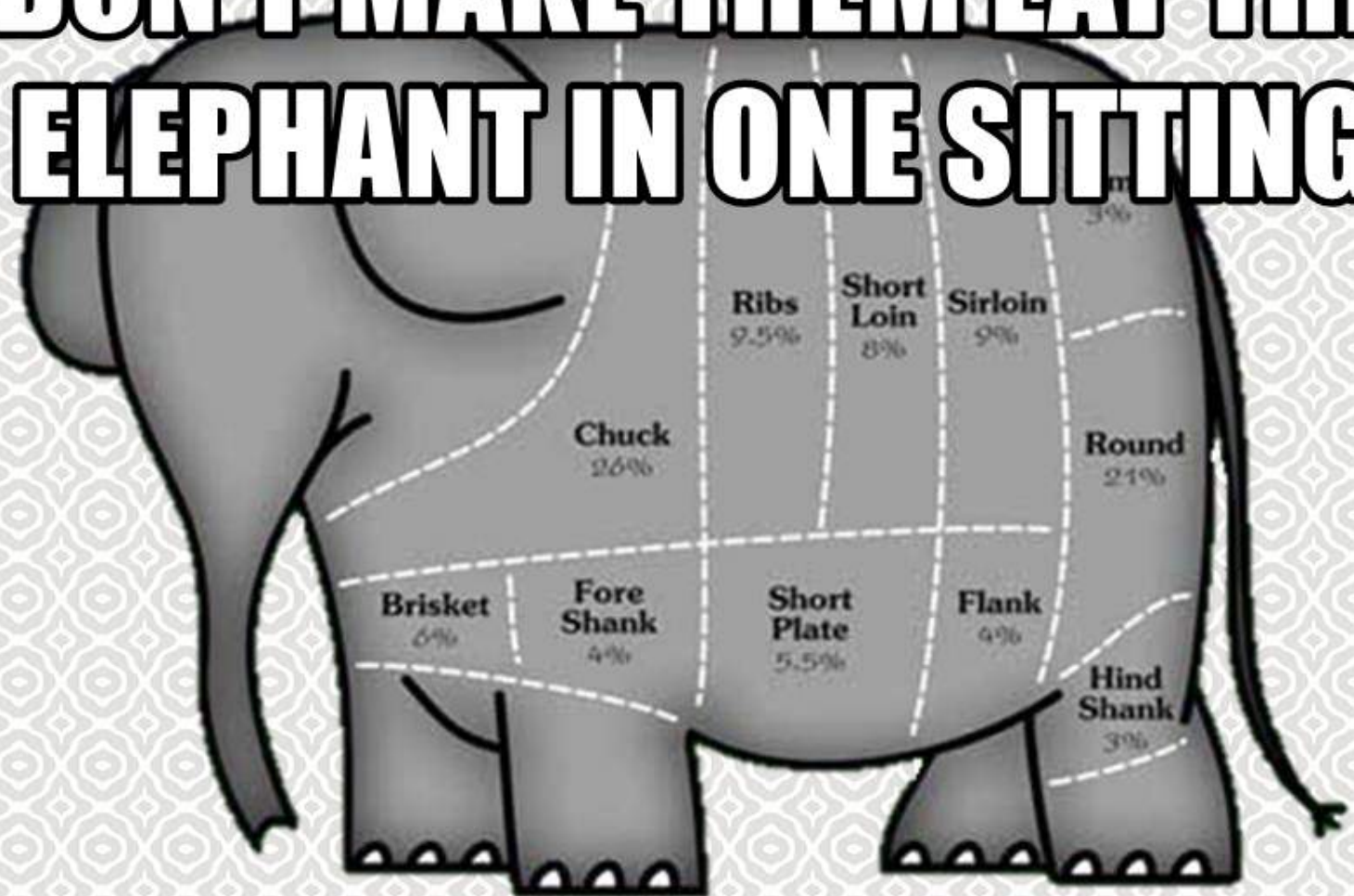


2. Make them bite size



**How do you eat an elephant?**

**DON'T MAKE THEM EAT THE  
ELEPHANT IN ONE SITTING**



one bite at a time...





Michel Lotito was a French entertainer, born in Grenoble, famous for deliberately consuming indigestible objects. His performances involved the consumption of metal, glass, rubber and other materials. Wikipedia

Born: June 15, 1950, Grenoble, France  
Died: June 25, 2007, Grenoble, France  
Known for: Eating unusual objects  
Other name: Monsieur Mangetout  
"Mr Eat-It-All"



3- Change takes time



4- Create a  
partnership



5- Begin with why

*Always*  
**REMEMBER**  
**YOUR** *Why*

A group of six young people, three women and three men, are huddled together in a circle, smiling broadly at the camera. They are dressed in casual attire, including white t-shirts, a teal jacket, and a colorful striped scarf. The background is dark, making the subjects stand out. The text '6- FOSTER SUPPORT TEAM AND SOCIAL NETWORK' is overlaid in the center in a bold, yellow, sans-serif font.

**6- FOSTER SUPPORT TEAM  
AND SOCIAL NETWORK**



**7- GIVE HOPE AND VALIDATION**

HOPE

## 8- SEEK GUIDANCE





## 9- CELEBRATE SUCCESS





**10 – LET THE CLIENT TALK AND FEEL**

Briana is a 24 year old Caucasian female reporting a highly chaotic life.

She was psychically, sexually and emotionally abused by her step-father from age 5-14 before being put up for adoption.

She wants help getting over a recent abusive relationship and her cutting and suicidal issues.

After three sessions together, you offered her words of encouragement and she screams at you saying, "you're just like every other therapist I worked with. You only care about the money and you're not even helpful. She goes on a ten minute rant and is now sitting in the corner of the couch pouting her lip.





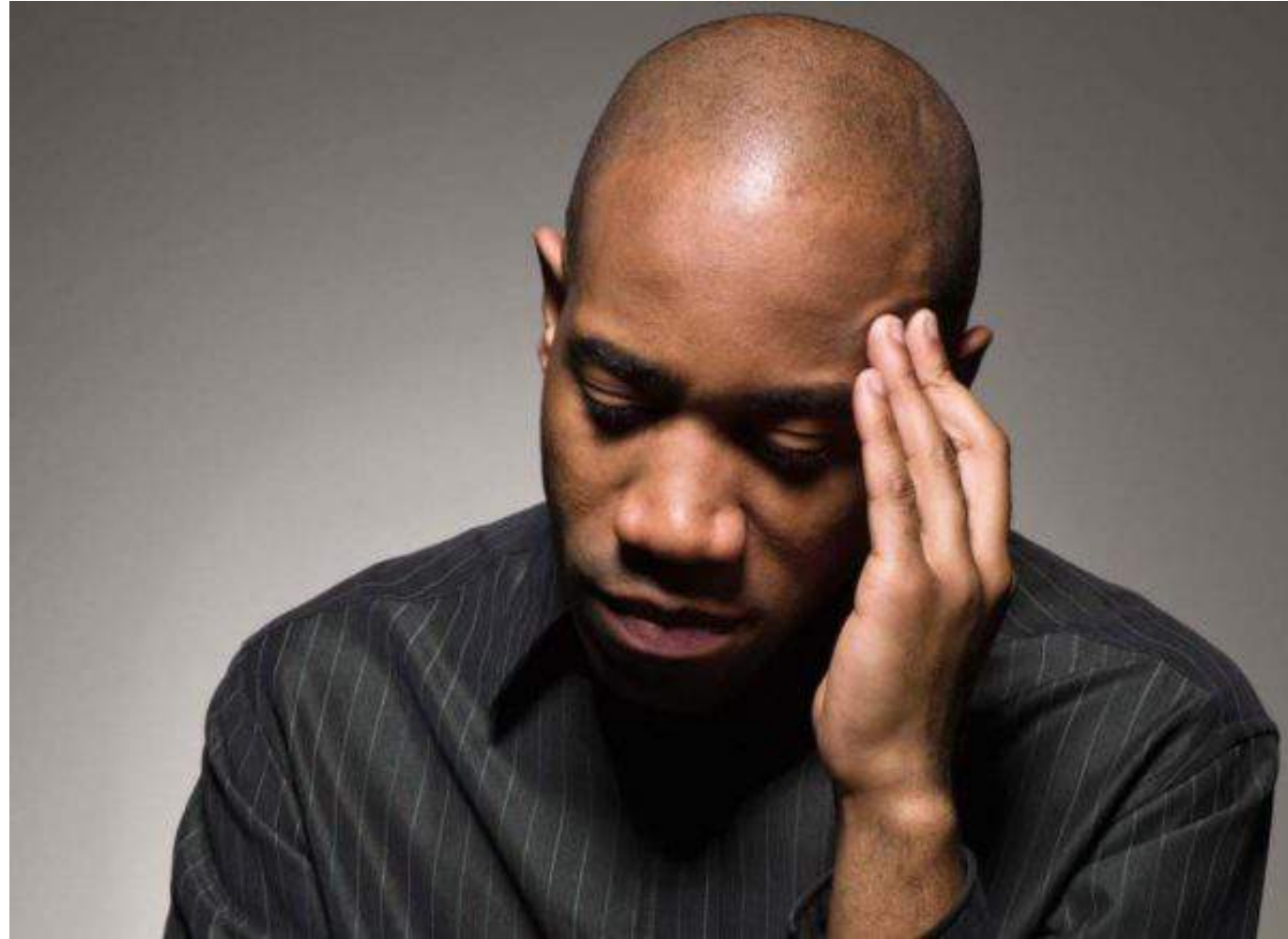
Case Study:

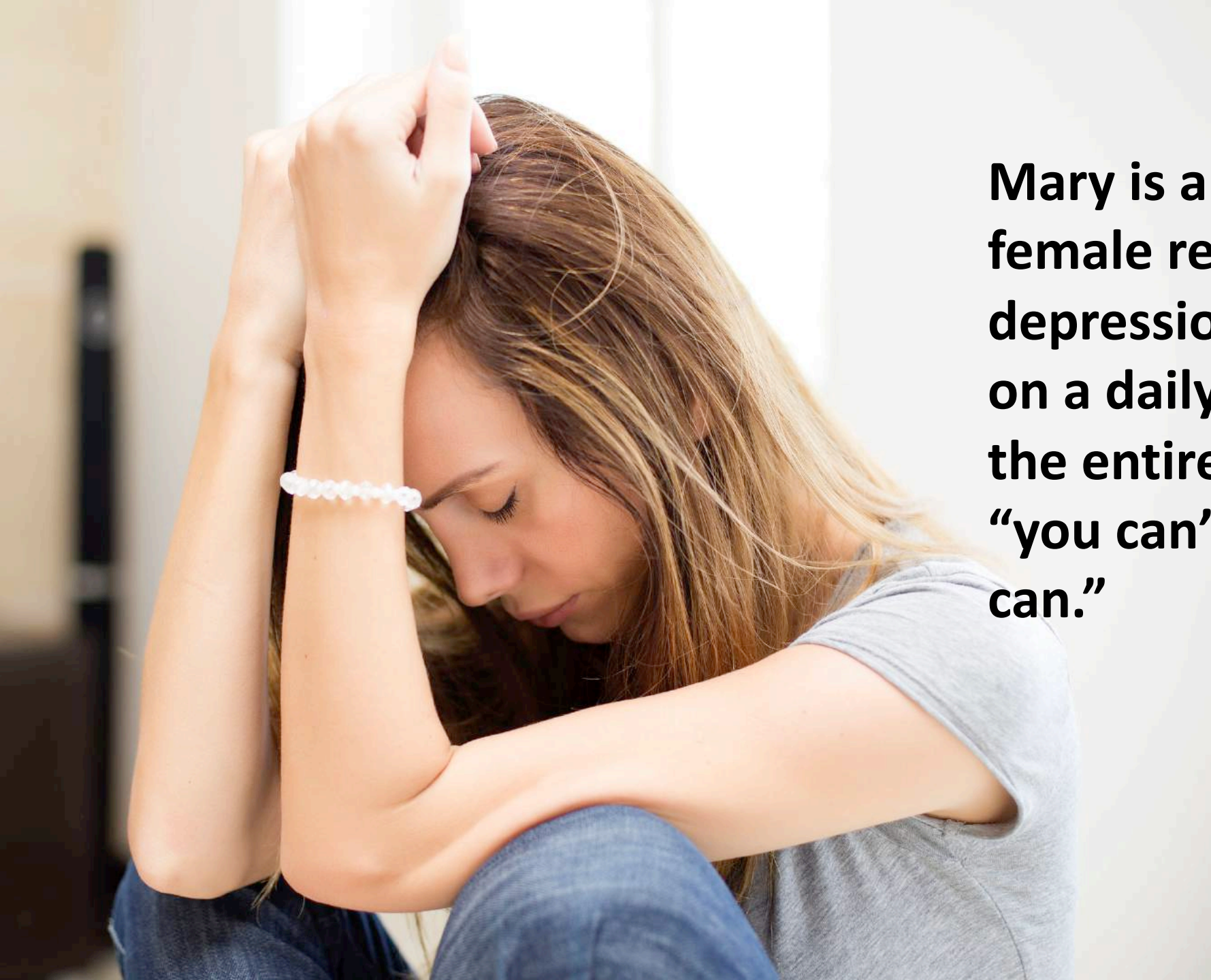
Marsha comes in reporting that her 34 year old son still lives in her house, she wants you to help, but he will refuse to come in. She reports anxiety and depression.



**Deb is bickering with her ill 75 year old mother, whom she had a conflicted and complex relationship with. She wants you to fix her.**

**Max is a 41 year old AA male reporting extreme anxiety. He wants to know why you require paperwork, whether his insurance will cover and how long it will take to help him. What interventions will you be utilizing and are you properly trained?**





**Mary is a 30 year old female reporting depression and crying spells on a daily basis. She cries the entire session and says, “you can’t help me, no one can.”**



**Describe your  
most difficult client**



ANY  
QUESTIONS?





**Resources:**

**Premature Termination in Psychotherapy: Strategies for Engaging Clients and Improving Outcomes (1<sup>st</sup> ed., 2014) by [Joshua K. Swift and Roger P. Greenberg](#)**

**Compassionate Therapy: Working with Difficult Clients (1992) by [Jeffrey A. Kottler](#)**

**Best Practices: Difficult People: Working Effectively with Prickly Bosses, Coworkers, and Clients (2007) by John Hoover**

**Thank you for joining**

**Guiding Your Most  
Difficult & Silent Clients**

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**6 CE Training**



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