

DEALING WITH DIFFICULT CLIENTS

A Systems Perspective with
Cognitive Behavioral Interventions



- Every time you walk into a clients home you become part of the system.
- You walk in with a pre-conceived idea of what your role will be.
- Your client has pre-conceived ideas about your role and what you will provide.
- Every other person who has a role in that system has pre-conceived ideas of your role and what you should provide.



- Disorganization of a system – whether person, family, or neighborhood – does not mean totally unorganized; it means not sufficiently organized.
- Families with problems are generally disorganized families, and the reasons for this disorganization can emanate from internal sources and/or external forces:



At the center of Disorganized family systems, it is not unusual to find people having difficulties regulating their emotional reactions to stressors.

As the stability of a system is challenged with interpersonal and extra-personal stressors, the persons in that system struggle to survive using whatever skills and abilities they are most familiar, even if they may be destructive.

Maslow's Humanistic model would point to the human beings most basic need to survive.



Client Characteristics/Feelings found when a system suffers disequilibrium

- Fear-about the unknown
- Anxiety-about change
- Anger-about feeling helpless
- Resentment-about their circumstance
- Frustration-about complex systems
- Fatigue-Physical, mental, emotions
- Confusion-What does this all mean?




Difficult client systems are likely in a state of cognitive distortion & crisis

- In studies at the University of Washington Dr. Marsha Linehan studied the emotional deregulation of Personality Disordered clients, particularly those with Borderline Personality Disorder.
- This deregulation is often expressed as cognitive distortion. The skills to successfully interact with these distortions are based upon cognitive behavioral theory



Cognitive Distortions that may pull you into a triangulation with other system supports

- All or nothing, black and white thinking.
 - Unrealistic generalizations of situations.
 - Rationalizing why positive goals can't be achieved.
 - Awfulizing (Disastrous thinking)
 - Assumption of ability to read others feeling towards them.
 - Anticipatory anxiety over projective end.
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Cognitive Distortions (cont.)

- I or you “Should-a, Would-a or Could-a”.
- Accentuate the Negative...Deny the positive.



The Primary Negative Driving Force

- In 1993 Marsha Linehan identified critical issues that drive difficult Personality Disorders Clients emotional dyscontrol. These clients have qualities of:
 - Over-sensitivity.
 - Over-reactivity to the environment
 - Slow return to normal levels of emotional equilibrium after being at high levels.



To stay in equilibrium a system is always seeking energy to maintain itself .

Sources of energy can be considered:

Health of the body

Emotional support

Food

Culture and religious activities

Sense of worth


Social status



A System/Client that is dysfunctional and particularly containing diagnosis of Dependent Personality, Borderline personality , or having substance abuse issues is likely to attempt to derive energy from you (the professional) as it often does not have the skills or resources to maintain a healthy equilibrium.



Diagnosis Common in systems of clients having disequilibrium problems

- 1. Manic depressive or bipolar disorder with substance abuse issues
 - 2. Dependent Personality
 - 3. Post-traumatic Stress Disorder (PTSD)
 - 4. Obsessive Compulsive Disorder (OCD)
 - 5. Borderline Personality Disorder (BPD)
 - 6. Substance Abuse Diagnosis
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Tactics to help reduce tension when disequilibrium interferes with client communication

- Helping the person identify what they need. (What is the problem?)
- Validate their feelings (You said that you are angry, I can hear that).
- Use an accurate reflection. "So you say you are frustrated because"
- Overall show interest in the other person
- nonjudgmental stance toward the person, be matter-of-fact



Statements (cont.)

- Do not be patronizing or condescending
- Recognize the person's actual strengths and limitations.
- The client's behaviors may be a symptom.
- Tell them what you need to help, several times if necessary..." Mary I need to call my supervisor to find out what you need"
- "I" statements keep you in control, "you" statements increase emotional reactivity.

- “I” statements are cues to listen and follow up with questions that will reduce client anxiety:
 - "What happened?"
 - "Are you okay?"
 - "Can you name (or be more specific about) what you're feeling?"
 - "I'm listening. Tell me more."



When a client is distressed (disequilibrium)

Never:

- Give them unsolicited advice
- Try to solve their personal problems for them
- Tell them that their feelings are silly, meaningless or inappropriate.



Keeping from getting triangulated in a distorted system

- Pausing to choose your centered point
- Knowing who you are at the moment
- Stay goal oriented.
- Choosing when to have the answers
- Staying in the “I”
- “It just is”
- Giving one’s self Permission to terminate conversations.



Keeping from getting triangulated in a distorted system (continued)

- Pre- plan your visit and share your agenda before and at the beginning of your meeting with our client system.
- Seek supervision.
- Bring in other external system supports to dilute transference emotions.
- De-brief with supervisors after difficult encounters
- Re-orient the system with your role and goals at the beginning of each meeting and phone call.

