

Overcoming Resistance and Denial: Lessons Learned

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How many clinicians have heard this phrase? “I don’t want to be here and I don’t understand why my doctor said I had to see you in the first place.” Obviously, this is not the best way to start a therapeutic relationship, but if you are prepared to work with a client’s resistance, and not against it, there is the potential for enormous growth.

I believe that at the root of resistance is a client’s automatic and unconscious defense mechanism — denial. This denial system is protecting them from facing some kind of painful reality in their life. In fact, this system has served a very useful purpose in a client’s past, but today causes more pain and problems than it solves.

In my clinical, training, and consultation practice, I discovered there are three crucial steps that clinicians need to implement in order to obtain positive treatment outcomes with resistant clients who are in denial. The first step, and most important in any therapeutic relationship, is developing client rapport. This can be challenging if a client’s denial system is firmly entrenched and they have underdeveloped coping strategies that border on self-destructive.

I believe it is a big mistake to confront a client’s resistance head on. This is what I call a “formula for disaster” — pre-judgment plus insensitivity plus confrontation. It is a path that usually leads to a power struggle that nobody wins. Instead, I suggest implementing the “formula for success” — understanding plus compassion *before* strength-based positive challenges. In my experience, this usually leads to authentic collaboration where clients are heard, understood, and affirmed.

To gain true understanding, the effective use of respectful active/reflective/empathic listening, including frequent accuracy checks, is essential. The active listening method needs to continue throughout the therapeutic process to support the creation of a therapeutic bond so that the motivational crisis that resulted in the client referral in the first place can be fully understood. Getting outside verification of the facts whenever possible is helpful, so obtaining releases for the referral source and any other important party is essential. As a result, the clinician will be able to develop a more accurate picture of why the client was referred to treatment.

The Formula For Success <i>A Rational, Directive, Supportive Approach</i>	
Disaster	Success
Pre-Judgment	Understanding
+ Insensitivity	+ Compassion
+ Confrontation	+ Challenge
Power Struggle	Collaboration

The next step is to determine which defense mechanisms the client is using to protect themselves from their painful reality. These defense mechanisms are also called denial patterns. It is important to remember that these denial patterns are automatic and unconscious processes. There are twelve common denial patterns and each one has its own cognitive theme, or self-talk — see the following list which is based in part on the *Denial Management Professional Guide* by Terence T. Gorski and Stephen F. Grinstead (2000).

Title	Cognitive Theme
Avoidance	I’ll talk about anything but the real problem
Rationalization	I have a problem but I have a good reason for it
Minimization	I guess I do have a problem, but it’s not that bad
Blame	It’s not my fault—he, she, they, are to blame
Total Denial	I do not have a problem—you’re crazy for thinking I do
Comparing	Others are worse than me; proving I don’t have a problem
Manipulating	I’ll only do this if you do what I want
Fear of Change	I won’t know who I am without my problem
Compliance	I’ll say or do anything to get you off my back
Flight Into Health	I’m suddenly cured and I don’t need to be here
Strategic Hopelessness	I can’t be helped so don’t even try
Democratic State	I have the right to behave any way I want so leave me alone

Once the cognitive theme has been noted and the denial patterns identified, the final step is to support the client in letting go of his or her self-defeating defense mechanisms. However, you never want to take away a client’s defenses without offering clients new, healthier tools. This can be accomplished using a four-step process.

Step One – Expose the denial pattern the client is using. As mentioned above, the clinician must be able to recognize the denial pattern by its cognitive theme. However, caution needs to be used in order to keep the client from becoming even more resistant. You first expose the denial pattern by naming it and describing the cognitive theme the client used. For example if the client was blaming their doctor for needing to be in therapy,

you can say “what I’m hearing is you know you have a problem but it’s not your fault. Did I get it right?” The next step is to show the client what he or she is doing and explore with them exactly what role their behavior plays in the negative consequences they are experiencing. Once this unconscious game is out in the open its power is diffused.

Unfortunately, most clients will then automatically and unconsciously switch to another denial pattern. In the real world, denial works in clusters and most resistant clients have a *preferred* defensive structure using between two to six denial patterns. Before you can fully diffuse one pattern, they rapidly cycle to another. When this happens, it is important to stop the process by staying focused on the original denial pattern being used. This is done by switching from an interviewing format to a mini-education mode with the goal of teaching the client about the original denial pattern.

Step Two – Educate the client about denial. You want to keep the client focused on the denial pattern that was exposed. You need to teach them to be consciously aware of the pattern they are acting out, support them to recognize the related cognitive theme or self-talk, and what is the underlying mistaken belief system on which it is based. This mini-education session is a one or two minute educational overview of the denial pattern.

Step Three – Challenge! Once you have completed educating the client, you need to move quickly to positive, strength-based challenge. When challenging a client’s denial pattern, it is important to help the client see why using their denial pattern is problematic and what the negative consequences are of staying in denial. This needs to be followed by a therapeutic injunction against continuing to use the denial pattern and positive permission to get out of the problem and into the solution.

Step Four – Teach clients effective denial management strategies: getting to the solution. Clients need to learn how to recognize they are using denial patterns, and how to implement new skills that identify and solve their painful reality problems. This is where a collaboration with the client is so important. I often ask, “Are you willing to learn a new way of thinking and behaving that

will better get your needs met?” Most of the time the answer is a little tentative, but often “yes, I am willing.”

The alternative to denial is recognition, acceptance, and problem solving. In order to achieve proficiency, clients need to learn how to self-monitor their thinking, emotions, urges, and behaviors. This is where cognitive restructuring techniques can be implemented. Only by learning to identify their irrational thinking and challenging it can clients effectively manage the uncomfortable feelings that lead to self-defeating impulses and self-destructive behaviors.

Once denial is uncovered and managed, the client’s resistance to ongoing treatment is significantly reduced. Working with resistance and denial takes tremendous patience and perseverance. But most of all, it requires developing understanding, empathy, and compassion before offering a strength-based challenge, thus giving people permission to stop using automatic and unconscious defense mechanisms that cause more negative consequences than benefits.

I hope my experience with this denial management approach will significantly improve treatment outcomes with resistant clients in your practice.



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The Denial Management Process

1. **Identify** denial by its cognitive theme
2. **Expose** the identified denial pattern
3. **Educate** the client about what they are doing
4. **Challenge** them in a positive manner
5. **Teach** them a new way of thinking and behaving