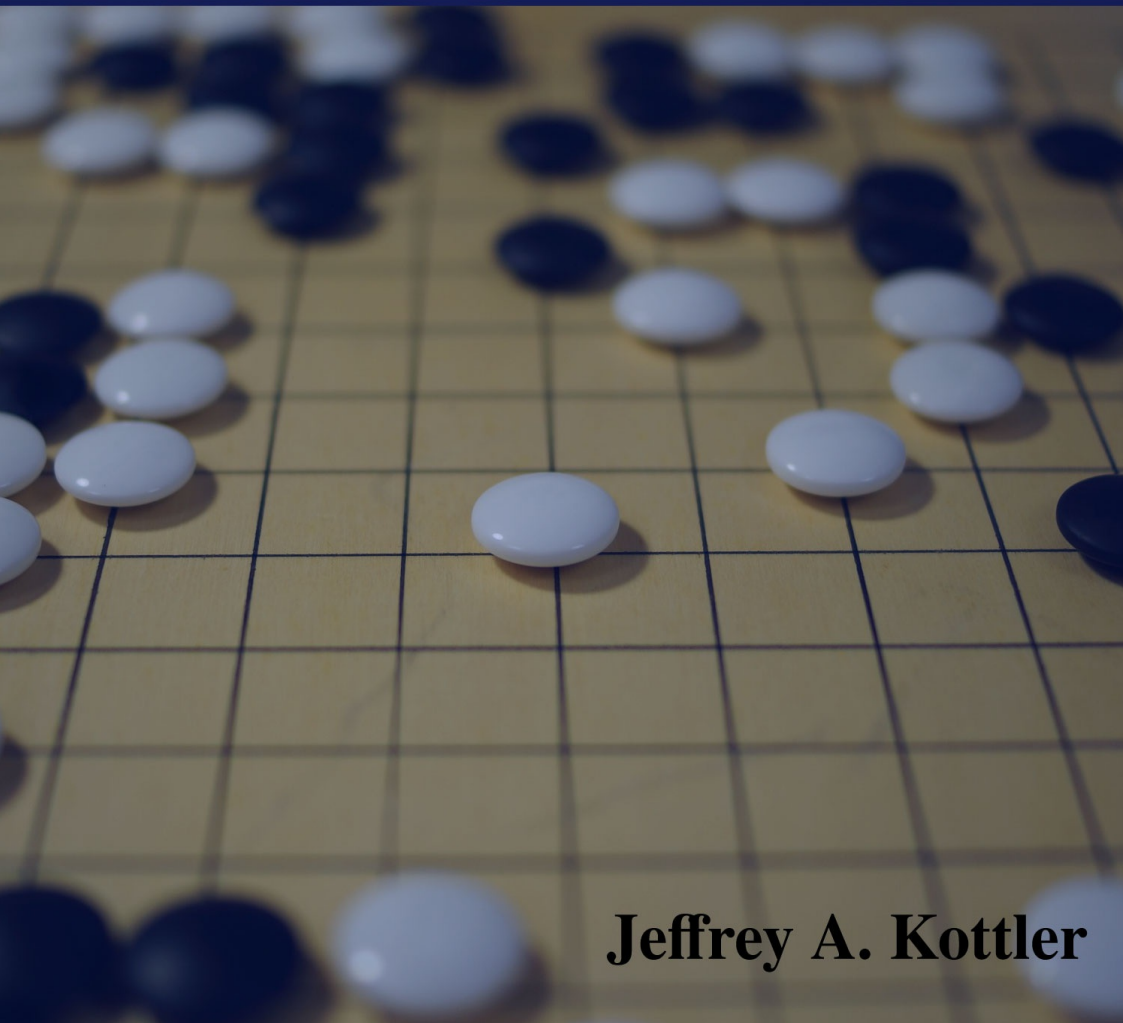
Compassionate Therapy: Managing Difficult Cases

Rules of Engagement



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The wealthy neighborhoods of Lima, Peru, hold stunning mansions behind their high walls. Each sprawling estate houses, in addition to the family in residence, the obligatory gardener, chauffeur, bodyguards, maids, and a nanny for each child. While the rest of the city languishes in the squalor of abject poverty, these pristine residential areas gleam with affluence. They would indeed be a sight to behold if not for one irritating problem: any time, day or night, you will find wandering around the city's streets, sleeping in the shrubs, howling at the moon, lost hordes of psychotic people.

The hospitals and mental institutions of Peru have long been filled to capacity. With inflation running over 1,000 percent, an economy on the verge of bankruptcy, and terrorists seeking to overthrow the government, the bureaucrats have more on their minds than what to do about the mentally ill, who have no money, no friends in high places, and no power. With no hospital beds available and no doctors who can treat these patients, they are left to wander the streets.

For reasons that should be obvious, these homeless individuals gravitate toward the nicer neighborhoods where there is less competition for garbage to eat and where they can hallucinate in peace. They occupy these immaculate residential areas as if they were discarded, portable litter.

For years the landowners have struggled with the problem. "What can we do with these people? Clearly we can't allow them to live among us, to pester us and create such disturbances. Why doesn't the government do something?" But alas, even if the city should decide to clean up this mess, there are no funds available to pay for such a project. For this reason the homeowners decided to take matters into their own hands.

One neighborhood ingeniously hired a van to patrol the area and round up the vagrants, just as a dogcatcher retrieves stray animals. That was the easy part. Unfortunately, with no place available to store these people —it was highly impractical to drive them around continuously—the vans would relocate their cargo to another place, open the doors, and herd them out where they would now be someone else's problem. Eventually, *every* neighborhood caught on to this idea and hired its own van.

Picture this situation now. Every night, vans patrol the neighborhoods picking up the homeless and transporting them to other neighborhoods to be released — where they are rounded up once again by *that* neighborhood guard and perhaps even driven back to the place they started! These people, who have no place to go, spend their lives in transit.

I think of Lima when I refer a difficult client to a friend for better treatment. I have probably reached the end of my patience, or the client and I are tired of one another, or in certain cases, something just did not click between us. If I have learned anything from experience in this profession, it is how to identify a potentially difficult client from the first telephone encounter.

"What? I am the fifth therapist you have called this year? Let me give you the number of someone who specializes in your problem."

"Oh, I see. You can only make time for me every other Wednesday and that is when you are in town. I'm so sorry. I have no Wednesday appointments available."

"You say it was your astrologer who referred you to me? You want to know when my birthday is before you will set up an appointment? I know a great Sagittarian colleague who would be perfect for you."

However ridiculous this sounds, we all have exquisitely sensitive antennae for screening out those people we don't believe are right for our style of practice. And this is as it should be, for nobody, no matter how skilled, no matter how flexible or pragmatic, can work with every person. Perhaps the best predictor of successful treatment is a good match between what the client needs and what the therapist can offer. And it is for this very reason that we occasionally refer to a colleague those clients who are beyond what we can (or want to) handle.

This is, of course, the easiest way to deal with difficult clients: refuse to see them at all and limit your practice only to those who are the most motivated and least disturbed; refer the rest to a member of your organization who is lower in the pecking order. (If *you* are the lowest in the pecking order, make the case seem interesting enough that a more senior staff member will be intrigued by the challenge.) Humor aside, the idea of referring clients you feel uncomfortable with is a strategy advocated by some short-term

analysts who use screening techniques to eliminate prospective clients who may prove to be resistant (Mann, 1973; Sifneos, 1973b).

On a more subtle level, most practitioners do get rid of those clients they believe will be troublesome or who are not likely to profit from the kind of treatment they offer:

"Let me refer you to a colleague who works on a sliding scale." READ: *You can't pay me enough for the aggravation you will dish out.*

"The only time I have available next week is Thursday at 2:00. Would you like the names of a few therapists who have a more flexible schedule?" READ: *I know some people so hard up for new referrals, they will see anyone.*

"I would like to work with you, but..." READ: *I don't want to work with you.*

"What you seem to be saying is that you have your doubts as to whether this is the right place for you." READ: *That is what I am saying.*

"You seem to be disappointed in the way I am handling things." READ: *My feelings are hurt. Go find someone else to pester.*

"I don't do that sort of work." READ: *With you.*

"Maybe you would like to take some time to think about it before we reschedule another appointment." READ: *Don't call me; I'll call you.*

If we are true professionals, we decide to refer a client solely on the basis of helping someone to find a better match in terms of expertise, specialty areas, or interactive compatibility; we definitely do *not* refer based on the ability to pay; on ethnic, religious, or racial dissimilarity to us; or because a client, at first glance, seems difficult. How can we ever grow as therapists if we do not tackle new challenges and move beyond our comfort zones? How can we truly make a difference in the world if we refuse to assist people who need our service the most?

There is, of course, tremendous strength in knowing our limitations, in knowing what we cannot do well, in being able to sense when it would be in the client's best interest to see someone else. These could be legitimate reasons that we might routinely refer substance abuse cases, victims of sexual abuse, or bulimics. We might truly want to be able to treat every case that walks in the door, but we cannot be everything to everyone.

I am fascinated by how the Lima Phenomenon operates in our profession: there are difficult clients who are being passed from one therapist to another because they are so resistant. Almost a decade ago I worked with a young woman I tried to help for a few weeks. I quickly realized that we were not on the same wavelength, so I gave her the name of a friend as an alternative to dropping out of therapy altogether. A dozen therapists later, she recently called me. She had been referred to me again! This time we tried to work things out, and whether it is a function of the progress she made with her other therapists or the development of my own maturity, we got along famously — at least until she abruptly stopped coming, never to be heard from again (at least by me).

Maybe the best arrangement of all is the one we set up naturally: a network of colleagues we can trust to handle certain kinds of cases. I have one friend who loves working with young children, but refuses to see adolescents (she has three teenagers at home). I, in turn, especially enjoy kids who are high school age, but I avoid treating younger children. I play enough games at home with my own son.

With certain exceptions, difficult clients are in the eye of the beholder. Some therapists thrive on working with people whom other clinicians would pay to get rid of. That is why it is so interesting to hear about alternative perspectives:

"I like working in substance abuse because I get to treat myself over and over. As a recovering addict, I need the constant reminders that my own demise is just a single impulse away. These people who are my clients are street people, just like me. I know their games and their lies, I get such a kick out of seeing myself in them."

"I get a lot of referrals from other therapists in the area. Send me your borderlines, I tell them. Some colleagues have said to me cynically that I have a guaranteed annuity from some of these patients who will need to be in therapy for most of their lives. But the truth is that I really enjoy long-term

relationships. Some of these people can be a gigantic pain in the ass, but once I have my limits in place, I can deal with the acting out. I am just very patient and I don't mind waiting a long time to see results."

"Among my favorite clients are those others discard. If anything, I have developed a reputation for dealing with hopeless cases. I feel much more freedom to be creative and experimental when I know that other therapists, some quite accomplished in their own right, have already tried and failed with traditional methods. There is no sense in my doing what has already been done, so I have the opportunity to invent something quite original as a result of interacting with this supposedly 'resistant' client."

"I am known in my agency as 'The Terminator.' I close cases where others fear to tread. I like this a lot. I don't know, maybe I overidentify with these people because I was such trouble when I was younger. In one sense, I know this is true. Nobody wanted to have anything to do with me because I would get in his face and make him deal with me on equal terms. When I was younger it seemed like everybody wanted to control me and tell me what to do. So now I have this opportunity to work with people who are kind of the way I was. To tell you the truth, I don't understand how people in my field can call themselves therapists when they are only willing to work with the people who don't really need their help in the first place.

"I like it when some of my colleagues give up on some cases and send them over to me. I can't lose. Nobody really expects very much, so if I help the person at all, I'm a miracle worker. It doesn't even seem all that hard to get through to them. They seem to recognize me as one of their tribe."

"To me, each person holds his or her own mysteries, and when I think about cases in terms of adventures, I don't feel frustrated when I encounter obstacles. Rather, I am a tinkerer. I study things a bit. Apply a little oil here and there. Maybe tighten a loose screw. If I have to, I will turn the thing upside down to see how it looks from another angle. But if the client will stay long enough and be patient with me, then I am certainly willing to put up with whatever he or she wants to dish out along the way. Hey, what fun would an adventure be without a few obstacles along the way?"

A Summary of Rules of Engagement

Fun indeed! If we might distill the essence of what experts have been saying about the most important operating principles when working with difficult clients, most of them would have to do with fun. This is the first of several rules of engagement.

Keep Your Sense of Humor

It *is* funny, as well as tragic —the extent to which some people will go to get attention. What makes clients difficult is how inventive and creative they are in their attempts to control relationships. They live by another set of rules. It sometimes helps us to keep things in perspective when we realize the absurdity of what we are witnessing—a client who is trying to bait us by testing what she can get away with, another who saves the best stuff for the last five minutes of every session, or still another who weeps uncontrollably every time we get close to something important.

In a survey of how therapists cope with stress induced by working with difficult clients, one of the most adaptive strategies relied on was optimistic perservance tempered by an appreciation for humor (Medeiros and Prochaska, 1988). Siegel (1982) tells the story of an obnoxious patient who was giving her doctor a particularly hard time over the cost of every procedure he suggested. When he recommended a cortisone injection in her knee to relieve arthritic pain, she asked how much *that* would cost. As a courtesy, he replied that he would charge her half his usual fee —$10 —to which she became outraged that he would charge so much for less than a minute's work. The doctor then countered that if it would make her feel any better, he would leave the needle in longer.

Do Not Retaliate

Therapy is lost once we have been sucked so far into the trap that we begin entertaining fantasies of how to get even with the client. It is the difficult client's job to try to upset our equilibrium. It is only business, nothing personal.

It is our job to find a way to absorb or rebuff direct attacks in such a way that we don't suffer emotional injury and the client learns that such conduct is unacceptable, and ultimately self-destructive.

When the situation calls for firmness, it is important that we enforce necessary limits without losing our compassion and without becoming punitive. Favored ways that we are prone to retaliate when we feel hurt or angry include withdrawal, "emotional spankings" inflicted under the guise of confrontation, ridicule masked as dry wit, or more direct forms of aggression — calling the client names or even "firing" him in anger.

Define Rules and Roles

Clearly spell out what you are willing to do and not willing to do. Explain the consequences of going outside the boundaries. Enforce the rules calmly and consistently. Do not make exceptions.

Stay Flexible

Although the external boundaries of therapy are fairly sturdy, it is important internally to remain loose. Difficult clients are unpredictable. They come at us from directions that we do not expect. As long as we remind ourselves anything can happen at any time, we are prepared to go with the flow, to counter with a response in an ever-changing situation.

Be Pragmatic

We get into trouble with *any* client when we persist in continuing with a treatment strategy that is not working. The more difficult the client, the more quickly things will deteriorate if we do not adapt our methods to fit the unique requirements of a given situation.

Take inventory of everything that has already been tried with the client and has not worked: Do not do any of those things any more. Do something else. Again. And again. Until you find the right combination of factors that make a difference.

Sometimes the therapeutic alliance itself will provide sufficient leverage to keep the client in line. Other times you will need to keep matters more behaviorally focused or more cognitively centered or more affectively oriented. Eventually, with sufficient time and patience, we usually find the key to eliciting greater cooperation.

Use Self-Disclosure Effectively

One of the most useful tools at our disposal is our own reactions to a client's behavior. This is especially true with those who have trouble trusting people to begin with; the last thing in the world they need is a shell of a person hiding behind a professional role (Miller and Wells, 1990). The therapist's genuine reactions, when conveyed sensitively and compassionately, can often be turning points for the alliance.

Confront, Confront, Confront

Certain people have discovered the secret for how to irritate the hell out of others and get away with it. They can be obnoxious or insensitive or manipulative or controlling without disastrous consequences to themselves. They know that other people may not like them very much, but the successfully obnoxious client has learned to stop just short of sparking violent retribution.

Our job, then, is to be one of the few people in the client's world from whom she will tolerate honest confrontation without running away. If we are to be helpful at all, we must have license to tell clients they are out of line without fear that they will flee. This practice works only when clients are sure that we are confronting them with love and concern rather than anger and hostility. The ones who *do* leave are not good candidates for change to begin with; if they stick around, they are saying by their behavior, "I don't like what you are doing, but I realize I need it."

Be Patient

Seligman (1990) reminds us that the most essential rule for treating difficult clients is to remember that therapy can sometimes take a long time. Trust is built only gradually. Because difficult clients struggle with trust issues more than most people, we must often exercise extreme patience until a therapeutic alliance is firmly established.

Decode the Meaning of the Resistance

All forms of resistance are communicating some message to us — "I hurt," "I'm scared," or perhaps "I

enjoy the power I feel in controlling others." Once we have figured out the meaning underlying a client's behavior, we can then find a way to deal with it. Ideally, helping clients to understand what they are doing and why helps them to change their self-defeating behavior.

Be Compassionate

Keep in mind that all the preparation and training in the world will not equip us with every tool we need to handle problematic people. "With difficult patients, more often than not, we have to rely on intuition, on belief, and on professional dedication" (Lowenthal, 1985, p. 153).

It is interesting that the quote above is not from a therapist but from a dentist who is describing what is necessary to handle unpleasant patients. Yet, in whatever setting a helper practices, he will encounter rude and demanding consumers who require even more than the usual dose of kindness, compassion, and understanding in order to feel cared for.

When All Else Fails

"I am a pretty good therapist and I have been doing this for a number of years. I have done everything I can think of. I am flat out of ideas. You are probably going to be like this for the rest of your life unless you can come up with something that you think would be helpful" (LoPiccolo, 1991).

After this startling speech, LoPiccolo then demonstrates what he believes is a crucial skill for clinicians: to let go when there is nothing else that can be done. There comes a time, after we have tried everything we can think of and consulted every resource that is available, that we have no choice (other than to drive ourselves crazy with feelings of inadequacy) but to put the ball back in the client's court: "OK, you win. Collect your prize. You get to stay the way you are. So now what do you want to do next?"

Framo (1990) notes that when he was young and idealistic he zealously took on the challenge of any case who walked in the door; he reluctantly admits now that there are some clients, and some families, who are so difficult to work with that they defy treatment by almost any expert on earth. Their feelings of entitlement can drive even the most experienced and patient practitioner to lash out in frustration.

Framo's best advice when encountering such cases is to give up the fantasy of omnipotence, the belief that you can reach anyone all the time. There are some people whom no therapist alive can help. And there are some who are simply beyond what you can do.

I find this to be wonderful advice indeed! The only problem is that I have an awful time following it. My fear is that if I regularly accept my limitations and give up my sense of omnipotence, I also sacrifice a potent weapon that has, on occasion, served my work well. My stubborn reluctance to give up, to let go of seemingly hopeless cases, has on (admittedly) rare occasions produced miraculous results. Granted, the success rate is probably one in a hundred, and that means ninety-nine times I feel thwarted and frustrated. Yet, f think it is a price worth paying to help that one client who seemed so hopeless.

Is this a neurotic flaw in me? Most definitely. Would I enjoy my work more and stretch out my career if I eased up a bit? I am working on it. But in the meantime, until I can let go of hopeless cases, I am stretching myself in ways I never could imagine, challenging myself to discover new ways to work with difficult clients.