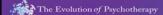




Appreciations

- Who David is: Clear. Forthright. Efficient. Humanistic.
- Research basis; the use of scales
- His orientation of being a physician. Techniques cure.
- Reframing.
- Process and Outcome Resistance.
- 8 Types of Resistance.
- Paradoxical Agenda Setting.
- TEAM-CBT (Testing, Empathy, Agenda Setting, Methods)



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Things to Build On

- Techniques do NOT cure → Giftwrapping.
- Make Paradoxical Agenda Setting Experiential → Parts; Externalize.
- Use more possibilities inherent in communication.
- A Systemic Perspective: Not just cognitions and beliefs→
- Adaptive States as a goal.

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Resistance

What is Resistance?

- An attempt to maintain homeostasis, personally and systemically. A way to maintain the familiar.
- Inertia
- A way to defend against painful affect/pressure; protect.
- · Resistance is a relationship pattern.
- · "Inadequate pacing."



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How do people resist?

- Behaviorally, emotionally, intellectually, attitudinally.
- Non-compliance; partial compliance; pseudo-compliance; over compliance; incongruence.
- Verbally; non-verbally.
- Internal vs. External Locus of Control.



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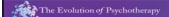
"Watts" of power? "What" questions for therapists.

- What resources are available? Resistance is an energy that can be utilized.
- What positive, constructive history can I appeal to?
- What does the patient want to do next?
- What does the patient value? Focus the therapy through the patient's lens.
 Speak the patient's experiential language.
- What minimal step can the patient take?
- What can I do to create the experience of change?
- What does the person do to maintain the problem? Mechanism.
- •What is the systemic function of the resistance?



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How do people make problems unsolvable?



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Techniques of Working with Resistance. Ignore Circumscribe "Spend" Prescribe Divide into components Displace Speak the patient's language Reframe Symbolic Discharge Shock/surprise Confusion Indirection: "The amount of indirection is directly proportional to the perceived resistance." Etc.

