

Even the most experienced and skilled therapists encounter challenges with clients that can stifle progress and bring frustration into the therapeutic relationship. In this volume, Wilkinson and Hanna explore a compassionate approach to working with these challenges that considers the unique individual client. It is an excellent resource for any therapist.

—**Louis Hoffman, PhD**, Editor, *APA Handbook of Humanistic and Existential Psychology* and coeditor, *The Evidence-Based Foundations of Existential–Humanistic Therapy*

If I could only grab one book to give to psychotherapists in training at any level it would be *Therapeutic Change With Difficult Clients*. It has enough theory, so it hangs together well, but the real treasure is the host of tools and techniques that are wonderfully explained and exemplified. No therapist, even experienced ones, should miss this valuable volume. This old dog learned lots of new tricks!

—**David M. Young, PhD**, Professor Emeritus, Psychology, Purdue University Fort Wayne, Fort Wayne, IN; coauthor of *The Silent Language of Psychotherapy, Third Edition*

Drs. Wilkinson and Hanna are perceptive thinkers who have put together a truly invaluable book on how to work with some of the most challenging clients. Filled with keen insights and practical wisdom for practice, I am confident that this second edition will be widely read and cited for years to come.

—**Matthew E. Lemberger-Truelove, PhD**, American Counseling Association Fellow; Professor of Counseling at the University of North Texas, Denton, TX

Finally, a book about how to support people in their change process!

This book's focus on facilitating and enhancing people's change process is a must-read for all mental health providers. Too often it is assumed our clients want to change, when in reality, most people have ambivalence about change. The authors guide readers, step-by-step, with practical tools they can use to help encourage change. The case examples and applications bring to life the most important thing we do as helpers—support others in their change process.

—**Victoria Kress, PhD**, Distinguished Professor, Youngstown State University,
Youngstown, OH

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Introduction

In this book, we endeavor to clarify that which brings about beneficial change in human beings. Its promise lies in the fact that it concentrates on within-individual catalysts that bring therapeutic change into being. Psychotherapy has grown and evolved immensely in the intervening 140 years since Sigmund Freud studied hypnosis under Jean-Martin Charcot at the Pitié-Salpêtrière Hospital in Paris. Nowhere is this more evident than in the area of theory-into-practice, as more than 500 theories of, and approaches to, psychotherapy have been proposed as an efficacious means to facilitate change with clients (Goldfried, 2019). Yet we still know relatively little about the intricacies of therapeutic change itself; much of this essential knowledge remains to be discovered.

Psychotherapy researchers have expended considerable effort demonstrating that psychotherapy facilitates change, whereas mechanisms or processes by which such change is produced remain a bit of a mystery, which is not to say that valuable inroads have not been made. Outcome research does not always present a sufficiently detailed or accurate picture of therapeutic change in practice, which led Gendlin (1986) to promote the value of microprocess moments in therapy. Such change process research has long been a valuable route to “identifying, describing, explaining, and predicting the effects of the processes that bring about therapeutic change” (Greenberg, 1986, p. 4) that complements process-outcome research, randomized control trials, and experimental designs.

Yet, even within the tighter sphere of change process research, the primary methods of analysis tend to emphasize change only within the context of therapeutic practice. As outlined by Elliott (2010), qualitative helpful factors design asks clients to identify what in the therapeutic process helped facilitate

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change, microanalytic sequential process design tends to closely scrutinize coded therapist–client interactions to identify change catalysts, and the significant events approach examines major transition points in the therapeutic process. Taking a closer look at research that employs such designs, the focal points of analysis tend to be therapist behaviors, attitudes, and dispositions; therapist-led interventions, techniques, and methods; and therapist–client relationship factors.

The CHANGES model is an outgrowth of qualitative research in the spirit of a significant events approach but without the within-session task analysis features often associated with such designs (Pascual-Leone et al., 2009). Instead, Hanna and Ritchie (1995) compiled 32 variables cited in the psychotherapy literature as having the capacity for producing change. Participants were screened for having undergone a major, significant moment of therapeutic change and were then asked to rate those 32 variables on a “perceived potency scale” to gauge perceived causal relationships between variables and events. Ratings on the 5-point scale included: 0 = *not present*; 1 = *present but not a factor in change*; 2 = *somewhat of a factor*; 3 = *a definite factor*; 4 = *a necessary condition for change*; and 5 = *a sufficient condition for change*. The study concluded that several of the 32 variables may regulate both the rate and magnitude of therapeutic change, seven of which have been identified as fundamental precursors of therapeutic change in the CHANGES model.

FUNDAMENTAL QUESTIONS

A more thorough understanding of the intricacies of therapeutic change may be the most important step toward improving the effectiveness of psychotherapy. Procedures can then be developed that derive from that new and vital knowledge. When it comes to using techniques, therapists still rely, for the most part, on those that have been cataloged in alignment with the various theories, such as behavioral, Adlerian, gestalt, or cognitive. Are there undiscovered change principles that can lead to the development of more effective techniques and more efficient use of the techniques we have?

There are some fundamental questions about change that need to be addressed in this regard. Why is it that some clients change relatively quickly in therapy while others make little, if any, progress? Why is change painfully difficult for some clients and comparatively easy for others? Why do some clients welcome change, but others resist and struggle against it every inch of the way? Why do some clients achieve core personality changes, whereas others make relatively minor, linear adjustments? Why do some clients recognize that therapeutic change is important, but others see it as threatening? And how can the most beneficial change be produced in the shortest amount of time, especially in this age of managed care?

Each of these questions emphasizes client-specific, within-individual factors for which we have an incomplete understanding. We hope to persuade therapists that a better understanding of within-individual change factors is crucial to

fostering change, particularly for difficult clients. The latter point is of universal concern in psychotherapy as we continue to wrangle with how to help clients who are disinterested in change. Tried and true techniques, rigorous treatment methods, and every bit of efficacy evidence born of research are of little use to the therapist who sits across from a client who has no interest in changing. As the American journalist Sydney J. Harris (1986) wrote, “Our dilemma is that we hate change and love it at the same time. What we really want is for things to remain the same but get better” (p. 36). As a principle, this is perhaps what makes therapy one of the most difficult professions there is. Like chess, it is relatively easy to learn principles and maneuvers, but it is incredibly difficult to master and more difficult still when working with a disengaged client.

PRECURSORS OF CHANGE

This book offers one approach to these fundamental questions by suggesting a set of seven critical variables called “precursors” that are conducive to psychotherapeutic change. A *precursor* is generally defined as that which precedes and, so to speak, “announces” the arrival of something else. We refer to these seven variables as precursors because their presence indicates the imminent manifestation of change. The seven precursors are not focused on the therapist, theories, or techniques. Each has to do with client-specific factors, that is, what the client brings to the session.

The seven precursors are concerned with pivotal within-individual processes upon which change depends. Each has empirical validation. The precursors are not arranged in terms of potency or order of implementation, but rather to produce the acronym *CHANGES* as a mnemonic device:

- **C**onfronting the problem
- **H**ope for change
- **A**wareness of the problem
- **N**ecessity for change
- **G**rit, or a willingness or readiness to experience anxiety or difficulty
- **E**ffort or will toward change
- **S**ocial support for change

Each precursor is a transient and conditional state that may be present, or not, within a person at any given time for a particular problem or issue. They are not dispositions, personality traits, or characteristics, such as ego strength or hardiness. Confronting the problem, one of the most powerful of the precursors, is something that a person does, or not, in real time. It is not a part of a person’s personality makeup. Even if a person is particularly skilled or attentive to the process of confronting many of their life problems, there may still be problems about which they are unaware, or are aware but would rather not be, or are aware and would simply prefer to put off considering until some later date or set of conditions. Anyone with any kind of personality, disordered or not, can activate precursors, assuming there are no neurophysiological impediments.

The seven precursors are a set of interdependent, necessary conditions for therapeutic change. When precursors are not activated in a client, change is unlikely to occur regardless of how great the therapist is, how potent the theory is, how close the relationship is, or how capable the person is. These client-specific ingredients, working in various combinations, seem to regulate the speed, intensity, and magnitude of change and can be considered regulators of the change process (see Hanna & Ritchie, 1995). In other words, the more they are present in a person, the more quickly change will occur and, in some cases, the deeper that change will be in the person's psyche.

Each precursor can be formulated in different ways and with different terms and jargon, but we have tried to keep them as theory-free as possible. In fact, they are assumed by all the theories and techniques of counseling and therapy. The precursors are pervasive; one can pick up virtually any book on therapy that contains successful case examples, and the precursors will be very much in evidence in each case. In unsuccessful cases, the precursors will be absent. There may be more precursors than those discussed in this book, but these seven seem to be key ingredients of change.

UNIQUE ASPECTS OF THE CHANGES MODEL

Several aspects of the CHANGES model are rather unique. One unique aspect of the CHANGES model is that it concentrates solely on a set of within-individual change factors without focusing on stages, theories, or personality traits. Additionally, the CHANGES model is a taxonomy of client-specific processes with corollary interventions and techniques developed across virtually all the schools of psychotherapy. The activation of precursors can be brought about by myriad, well-established therapy practices regardless of whether or not the therapist or client is aware that the activation of an underlying precursor was responsible for the change. Finally, focusing on client-specific change factors means that therapeutic change can occur outside of therapy, as maintained by Gendlin (1986). As such, therapeutic change does not require therapy; techniques to activate precursors abound, and the CHANGES model addresses the common factors of change itself.

Therapeutic Change as a Metacognitive Skill

The CHANGES model is also unique in its consideration of metacognitive aspects of change. Rather than addressing first-order thought processes, metacognition has to do with thinking about thinking, intentional psychological acts, or what were once called "acts of consciousness" (Husserl, 1913/1982), those inner decisions about where to direct awareness, the act of regulating one's thoughts and behaviors, or degree of awareness of awareness (Hanna et al., 1995). Barring a few exceptions, metacognition has seldom been considered in relation to change processes.

Most research tends to focus on the role that metacognition plays in maladaptive behaviors and associated beliefs; for instance, in how worrying arises from a metacognitive belief that worry is an effective means of coping, while the idea that “people are dangerous” is an instance of cognitive belief that feeds into that metacognitive style (Wells, 2007). However, when therapeutic change itself is examined from a metacognitive perspective, it begins to look more and more like a skill.

Behavior therapists have long emphasized the importance of skill building. In the metacognitive context, change itself is a skill, and mastery of the precursors is tantamount to mastery of therapeutic change itself (Hanna, 1996). As noted earlier, precursors are not traits or dispositions. Each precursor is a transient, conditional state that may or may not be present in a person at a given time for a given problem. However, having an awareness of the role that the precursors play in the change process can profoundly impact one’s relationship to, and understanding of, change itself. If one understands that grit, confronting, and a sense of necessity are required catalysts for change to take place, then it becomes possible to orient oneself toward the activation of these core states. In this respect, the intentional, metacognitive activation of precursors is a skill that can be learned.

The Role of Interpersonal Savvy in Facilitating Change

Although therapeutic change is a metacognitive skill that can be learned and engaged without the need for therapy, therapists obviously play a central role in the activation of precursors and, thus, the facilitation of therapeutic change for clients. While the value of using various techniques and strategies to facilitate precursor activation and client change is a founding premise of this book, the pivotal role of interpersonal dynamics must also be underscored, particularly in therapy with difficult clients. Insofar as the CHANGES model broadly aligns with the common factors model, a therapist’s ability to successfully activate precursors is oft contingent upon a strong therapeutic relationship. As such, Chapter 3 is dedicated to techniques for both building the relationship and building the therapeutic encounter around the principle of therapeutic change itself.

However, a considerable portion of the content within this book implicitly—and in some cases, explicitly—suggests that therapists with a degree of interpersonal savvy may be particularly well suited to the task of activating precursors in work with difficult clients. It is basically understood that it takes a certain degree of interpersonal skill, ability, or savvy to convince someone that the challenge of change is a worthwhile endeavor. If change were mundane or simple, then everyone would do it whenever necessary, and there would be absolutely no need for psychotherapists.

The truth is, change is hard. When a client shows up for therapy and makes immediate progress toward their goals, that client likely already had many, if not all, established precursors in place. Difficult clients are, as discussed in Chapter 2, only “difficult” insofar as they do not have activated precursors in place. The task of establishing those precursors is often not an easy one, and the barriers

presented by a client to their activation are often complex. In the end, it often takes a certain degree of interpersonal savvy, and perhaps perspicacity (see Chapter 14), to break through with such difficult clients, making relational contact and getting the client onboard with the idea that therapy is about change and that change itself is worthwhile.

Techniques Oriented Around Change Principles

Perhaps the most unique aspect of this book is the vast array of techniques that have been compiled and described for activating each of the precursors. It is unusual for techniques to be cataloged in terms of change principles. In Part II, each chapter includes a subsection that lists and describes various techniques to activate each particular precursor. Many of the techniques have not been previously described, while others are more familiar and well-established techniques that have been adapted specifically for bringing about the presence of precursors among difficult clients.

Precursors in Group and Family Therapies

The CHANGES model is not limited to work with individuals. It also applies to group and family therapy. The precursors can be assessed and identified not only with each individual member of the group or family but also with the group or family as a whole. A group will display a configuration of precursors of its own. Whitaker held that a family has its own character as an entity in its own right (Simon, 1985). Therapy groups can be seen in the same way. Thus, the CHANGES model and assessment can help a therapist working with difficult groups and families.

Human Being as Active Agent

The CHANGES model makes great use of the concept of *active agency*, the view that human beings function as agents, actively influencing both their own minds and their environments (see Avdi et al., 2015; Gorlin & Békés, 2021; Harré, 1984). The behaviorist view of human beings leaned more toward a mechanistic or deterministic conception of human beings as merely effects of and responses to environmental forces. The latter perspective did not allow for the idea that human beings actually determined or shaped events in their lives, only that their environments and events determined and shaped them. This perspective, albeit useful, is obviously limited and has steadily diminished in popularity across decades of advancement in the cognitive sciences.

In parallel with the decline of this behaviorist view, the active agency conception that was central to the approaches of Rogers and Adler has gained considerable attention and widespread acceptance (Hoener et al., 2012). Led by deepening philosophical and neuroscientific discussions on the mind–body problem, the rise of influential research based on principles of embodied cognition and enactivism reflects a significant advancement in phenomenological

discourse on the relation between self and world (Chemero, 2013; Gallagher, 2017; Wilkinson & Wilkinson, 2024). People are indeed influenced by the world just as much as they are agents influencing that same world in return (Zahavi, 2008).

In truth, the idea of active agency in psychology has been around for over a century. It was the basis of the psychology of William James, for example, and is assumed in almost all the major schools of psychotherapy today. In fact, many historians of psychology believe that contemporary psychology in general is now returning to the approaches and conceptions found in James's (1890/1981) classic *Principles of Psychology* (Hergenhahn, 1996). Metacognition also rests comfortably within the active agency conception, especially with regard to the realms of awareness, making decisions, consciously changing thoughts, exerting effort, forming and reforming mental images, and deliberately acting on the body and its impulses to enact new behaviors. Nowhere are such processes better described than in James's classic book. The CHANGES model shows how research confirms active agency and how therapeutic change depends to a large degree on it.

DEGREE OF CHANGE: FIRST ORDER AND SECOND ORDER

Both within and outside of the therapeutic encounter, the depth of change can vary. Although first-order and second-order change are defined a bit differently by different authors, the essential meaning is consistent (Sperry, 2022; Watzlawick et al., 1974). *First-order change* is linear, surface-level, uncomplicated, straightforward change that takes the form of an adaptation or adjustment. For example, one client may learn new communication skills to better get along with her daughter, while another client may learn to be assertive with his supervisor.

Second-order change, on the other hand, is more profound. It is a sweeping, deep structure or core change within an individual (Lyddon, 1990; Sperry, 2022). This kind of change fundamentally alters a person's core sense of self, mode of being, or essential worldview.

Second-order change radiates into and transfers across the wide array of a person's personality traits, activities, and interests. According to the CHANGES model, second-order change often involves intense initial turmoil or stress that is directly related to internal conflicts of considerable magnitude. These initial conditions are enough to threaten the person's equilibrium and psychological stability prior to the change itself. In other words, second-order change arises, often but not always, out of a crisis. It is also associated with advancement across stages of development (Gilligan, 1982; Hanna et al., 1995). Research has indicated that the precursors are intimately involved with the occurrence of both first-order and second-order change (Hanna & Ritchie, 1995).

An important goal for the fields of counseling and psychotherapy should be to develop new therapies that lead to greater magnitude and intensity of therapeutic change. When psychotherapy evolves to the point where almost any

client who is free of organic brain damage can derive benefit relatively quickly, deeply, and with relative ease, the discipline will have taken a quantum leap. It is, arguably, our ethical duty to explore and develop new approaches that can lead to such results. The CHANGES model outlined in this book, applied to difficult clients, is not a quantum leap in itself but is based on the research of second-order, client-specific change experiences. It is offered to point the way forward to one possible, perhaps promising avenue of approach toward that goal.

MAJOR POINTS OF THE BOOK

Readers should consider the following central points as preparation for the chapters that follow:

1. The presence of precursors makes change possible.
2. The absence of even one precursor can inhibit therapeutic progress. When the missing precursor is activated, therapeutic progress can be made.
3. Client resistance, no matter how one defines it, indicates the absence of precursors.
4. Precursors regulate the rate, intensity, and magnitude of therapeutic change. The more they are present, the more likely change is to occur.
5. Therapy with difficult clients often involves a different set of skills than therapy with clients who are motivated or involved in the therapy process.
6. With many difficult clients, it is helpful to first establish precursors that are missing or deficient before proceeding to routine therapy approaches.
7. Difficult clients need a therapist with particularly effective relationship skills as well as a depth of empathy that surpasses what is necessary for willing and involved clients.
8. A therapist with inactive precursors can negatively affect therapeutic progress, inadvertently blocking client progress in a number of ways.
9. A remarkable number of techniques can be used to activate and enhance precursors.
10. Therapeutic change is a life skill that can be learned, practiced, and taught.

ORGANIZATION OF THE BOOK

This book is divided into five sections. It should be noted that all client names and other identifying information have been altered throughout the book to preserve confidentiality. Part I introduces the model. Chapter 1 introduces the technical, philosophical, and practical foundations of the CHANGES model.

Chapter 2 examines and reframes the basic idea of client resistance to treatment approaches, interventions, and strategies.

Part II is arguably the heart of this book, with eight chapters that describe clinical applications of the CHANGES model. Chapter 3 lists important guidelines and tips for relationship building with difficult clients. In Chapters 4 through 10, each precursor is defined and described according to how it brings about change. The clinical markers of each precursor are provided to help therapists detect their presence and absence in clients. Finally, each chapter includes techniques and practices for precursor activation, with case vignettes and transcriptions used to show techniques in action.

Part III describes the use of the CHANGES assessment form. Chapter 11 is devoted to the use of the form with difficult clients and provides several examples. Chapter 12 describes the use of the form to determine the level of precursors of a therapist working with a particular difficult client. In this chapter, examples are given of how a lack of activated precursors for the therapist in relation to a particular client can have a direct bearing on the climate, tone, and success of therapy.

Part IV is the specialized clinical applications section. Chapter 13 looks at therapist precursors in light of supervision practices, reframing the idea of countertransference as therapist interference. We endeavor to demonstrate how therapist reactions to clients can be leveraged for therapist insight and growth and how therapists can more effectively manage personal issues that inevitably arise in work with difficult clients. Chapter 14 discusses multicultural issues from the viewpoint of oppression. An oft-overlooked characterological outgrowth of oppression is discussed with the goal of supporting liberation among clients who identify with oppressed groups rather than facilitating mere adaptation or adjustment to oppressive conditions and environments. Chapter 15 reviews applications of the CHANGES model related to addiction and substance use, introducing the grand reframe of addictive behaviors and providing a litany of techniques and strategies for use with difficult clients in both individual and group substance use treatment.

Finally, Part V reviews the major advantages of the CHANGES model, proposes a metatheoretical framework based on the principles set forth in this book, identifies potential business applications using the proposed CHANGES Assessment for Businesses and Corporations, and examines some avenues for future research.

We are honored to present this material to you, dear reader, in hopes that the CHANGES model lends further insight into therapeutic change processes along with tools to facilitate said change.