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Social Workers and Client Resistance Behaviors

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SOCIAL WORKERS AND CLIENT RESISTANCE BEHAVIORS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Elizabeth Sandoval
Kelly Martinez
May 2022

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ABSTRACT

The study aimed at exploring the extent that social workers feel competent and confident to respond to client resistance behavior. A quantitative technique using a survey questionnaire, including a standardized scale adapted by the researchers, was used to gather information regarding social workers' level of preparedness to respond to client resistance behaviors. Data was collected using Qualtrics from 137 participants, and 116 were analyzed (21 contained incomplete data). Data was analyzed utilizing SPSS. The results of two Independent Samples T-tests indicated that there is a significant difference between social workers who have less than 6.47 years of experience and those who have 6.47 or more years of experience in terms of their level of preparedness to respond to client resistance behavior ($p=0.018$), but not between those with higher (e.g., Master's) versus lower (e.g., Bachelor's or less) levels of education. This finding appears to indicate that confidence/competence in dealing with client resistance behavior is not obtained through education, but rather through on-the-job experience and over many years. Implications for micro and macro social work practice include the need for additional education during Bachelor's and Master's social work courses, as well as training related to client resistance behavior during field placements and early in social workers' careers.

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CHAPTER ONE

PROBLEM FORMULATION

Introduction

This paper explores to what extent social workers are adequately prepared to address resistance behaviors they encounter from clients. Social workers face complex obstacles in practice, which include working with clients that have resistance behavior. As defined by Westra, Aviram, Connors, Kertes, & Ahmed (2012), resistance is a behavior in which the client opposes, impedes the direction, or diverts the social worker. Resistance in social work practice can take various forms and is often experienced as clients' responses that are challenging, involuntary, disagreeing, blaming, and defensive (Westra et al., 2012).

The National Association of Social Workers (NASW, 2017) identified that one of the purposes of social work practice is the application of values and techniques to help an individual obtain self-growth through social and health services. The purpose for practice did not exclude clients with resistance behavior (NASW, 2017). Spong (2012), identified that social worker versatility is essential in the acknowledgment of resistance behaviors. Therefore, social workers must face client resistance behavior with confidence. Social workers should also be competent in understanding the cause of the behavior, identify an

appropriate practice to utilize, and assist the client in working through the difficult issue that causes the behavior.

Client resistance behavior has been recognized as early as 1946, when Wilsnack asserted that "resistance requires understanding" (Wilsnack, 1946, p. 297). However, there has since been no established set of training or courses in how a social worker should respond to client resistance behavior that we were able to identify. Each client displays different behaviors, which can be one of the reasons for the lack of training or courses pertaining to this topic. Causes of resistance behavior may be biological, environmental, financial, or the relationship between the social worker and client. Therefore, social workers must be competent and confident in their ability to identify what is the underlying cause of resistance behavior (Spong, 2012). Once the cause of the behavior is identified, the social worker will be able to work with competence and confidence to assist the client through those resistance obstacles.

Resistance behavior in the social work field is often seen by social workers that are at the forefront of supporting clients (Munford & Sanders, 2017). Therefore, social workers must understand the cause behind a client's resistance behavior. Understanding the "why" behind a client's resistance behavior will allow social workers to assist clients in an overall positive change. However, we must first understand the extent to which social workers possess or lack the necessary skills, training, and confidence to address client resistance behaviors. The research question this sought to address was: How competent and confident do

social workers feel when faced with client resistance behavior, and are there differences in their level of confidence based on years of experience or level of education? This study's findings will contribute to social work practice by providing the first-ever glimpse into the extent to which social workers feel prepared to confront and address client resistance behavior. This will lead to a greater understanding of the need for education and training in this area.

Purpose of the Study

The primary purpose of this study is to investigate if social workers are properly prepared and feel competent and confident to respond to client resistance behavior. In the field of social work, it is important to understand that not all client interaction will be voluntary. There are several types of clients and – due to their different reasons for seeking services – the interaction with the social worker will not always be positive and accepting. For those reasons, this study seeks to identify if social workers feel competent and confident with the knowledge and experience, they already hold to respond to this type of behavior.

It is not uncommon for a social worker to have a client that is mandated by the court or who is involuntarily seeking services. Voluntary clients are not the only type of client that social workers will encounter; thus, social workers need to be prepared for any type of client. Even if the client voluntarily seeks services, it may be at the suggestion or direction of a loved one or a friend. With so many

different factors related to the impetus for seeking services, social workers should be prepared to respond to client resistance behaviors.

While social workers may have enough general knowledge of encountering clients who present with resistance behavior, it is important to know if the social worker feels competent and confident in how to respond to such interactions. A social worker can feel competent based on their knowledge, school education, and training; however, a client resistant behavior may come without warning. It is unknown whether “book knowledge” alone provides a social worker with enough competency to respond to client resistance behavior. The findings from this study’s survey will help to reveal this answer.

Knowing whether a social worker feels competent and confident to respond to client resistance behavior also shines light on professionalism and safety. Professionally, social workers should not cause impairment to a client if the social worker is not competent in the area that the client is being resistant in. At the same time, it is important to have self-awareness of what causes a client to display and how to respond to client resistance behavior. In rare occasions, resistance behavior may escalate to an aggressive or dangerous situation and the safety of the social worker would depend on their competency and confidence in responding to the behavior and de-escalating the situation.

Significance of the Project for Social Work Practice

Social work practice with resistance behaviors has consequences at the micro and macro levels. At a micro level, a social worker may experience consequences when the worker does not understand how to deal with the client's defensiveness (Munford & Sanders, 2017). A social worker needs to understand how to deal with an upset client because only then the worker can identify resistance as a "rational conscious response" or as "the unconscious emotional responses to a threat or danger" (Munford & Sanders, 2017, p. 80). Ultimately, a social worker should be prepared to assist an upset client by helping them to overcome resistance behavior and move toward positive change (Munford & Sanders, 2017).

On a macro level, social workers experience ramifications by working with mandated and involuntary clients. For example, in Public Child Welfare Services most clients are mandated or involuntary. Parents involved with Child Protective Services may describe feeling "powerless, desperate, angry, frightened, grief-stricken and devastated" (Quick & Scott, 2019, p. 486). As a result of those feelings, parents may express resistance behavior (Quick & Scott, 2019). Their resistance behavior is often displayed in disagreement with regulations, ignoring the social worker's recommendations, blaming the social worker for lack of progress, lack of participation, or hopelessness and not completing any of the required needs for unification of the family. As an entity, child welfare is seen as negative and resistant behavior is often expected by social workers in this field.

Public Child Welfare Services administrators need to understand these concerns and prepare/train social workers within their employ to be able to best serve families they interact with.

Conclusion

This study aims to understand the extent to which social workers feel competent and confident through their education/training and years of experience to respond to client resistance behavior. With proper training and tools, social workers will be able to adequately confront, address, and resolve client resistance behaviors and assist their clients toward positive change, but first we must have a better sense of “where social workers are at” with regard to their preparedness to deal with such client behaviors.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will provide an overview of what client resistance behaviors are. It will then look at different types of clients, such as involuntary clients, legally mandated clients, and voluntary clients. Lastly, it will discuss how social workers respond to client resistance behaviors, followed by a description of the theories guiding the conceptualization of this study: Cognitive Behavioral Theory (CBT) and Solution-Focused Therapy. The theories help to understand the reason why clients show resistance behaviors, and they provide interventions when social workers are faced with client resistance behaviors.

Overview of Client Resistance Behaviors

Client resistance behaviors are shown in several manifestations. Wilsnack (1946) provided a brief overview of how some clients show resistance behavior by greeting their social worker with a sullen silence. In other cases, clients show resistance behavior with angry outbursts, which in return cause a frustrating experience (Wilsnack, 1946). This may be overwhelming for both the client and the social worker. Moreover, two concepts have been established to define resistance. The first concept is a defense mechanism, which “refers primarily to a

resistive process which preserves equilibrium in the inner psychological machinery” (Wilsnack, 1946, p. 297). The second concept is defined as having negative transference, which refers to the relationship between the client and therapist (Wilsnack, 1946).

There exists a small body of evidence on contributing factors to client resistance behavior. In some cases, social factors are what contribute to client resistance behaviors (Forrester et al., 2012). Some “social work clients have experienced discrimination, oppression and disadvantage, and this can often be a factor that shapes their relationship with a social worker” (Forrester et al., 2012, p.120). As a result of those experiences, a client who is a person of color may be anxious if they are assigned to a white social worker because they might not feel understood (Forrester et al., 2012). Another social factor is a client who is from a low socioeconomic background who is assigned to a social worker from the middle-class. The client may be hostile towards the social worker because the client might believe that the middle-class social worker might not be able to relate with them. A client who has experienced gender-related abuse or violence might not trust their assigned social worker if they are from the opposite gender (Forrester et al., 2012).

Another factor that may contribute to client resistance behavior is the therapist’s behavior and the deliverance of therapy (Bischoff & Tracey, 1995).

Therapists who operate with direct behavior towards their clients may experience client resistance behavior when they use statements that are challenging or confrontational toward the client (Bischoff & Tracey, 1995). Research found that client resistance is related to negative outcomes in therapy, as well as premature termination (Bischoff & Tracey, 1995). On the other hand, researchers interpreted findings from research as evidence that client resistance may be an indicator that progress of therapy is happening (Bischoff & Tracey, 1995).

Competency in Client Resistance Behavior

The NASW Code of Ethics emphasizes that a social workers' competency is ongoing and does not end after graduate school. Competency is a core value of the profession, as it relates to social workers' ability to perform their duties ethically. In striving to enact this core value, social workers must seek extended education to keep up with new theories, techniques, and building on their skills.

Competency related to client resistance behavior, however, is seen as a skill that is learned through experience and years on the job. Social workers would benefit from acquiring and pursuing the necessary knowledge and training to manage client resistance behavior. The lack of client resistance training opportunities for social workers is concerning.

Types of Clients

Legally Mandated Clients

Clients who are legally mandated for social work services are often uninterested in treatment for change. Legally mandated clients are ordered by the court to attend services in order to regain something or as a prevention of losing a privilege. Often, legally mandated clients do not believe they have a problem, blame the system for their situations, and view the social worker as the barrier. For these reasons, clients that are legally mandated often display resistant behaviors, are hard to reach, unmotivated, and even at times hostile (Goldstein, 1986; Miller & Rollnick, 1991; Rooney, 1992).

Standard 1.03 (d) in the NASW Code of Ethics recognizes that clients have certain rights regardless of being legally mandated, involuntary, or voluntary. The standard identifies involuntary services and the importance of social workers providing information about the nature and extent of services, along with the extent of client's right to refuse such services (Barsky, 2014). Social workers must keep in mind all NASW standards regarding self-determination and respect for dignity and worth of people.

Furthermore, clients that are legally mandated for treatment can not physically be forced by a social worker to complete services. As a social worker, the priority is to inform the client of the purpose and goals of the treatment along with their right to refuse services (Barsky, 2014). The purpose of the treatment

should include the clarifying language regarding mandated actions and consequences if those actions are not met. Clarifying a legally mandated client's right can help build rapport and assist in the reduction of resistance behaviors.

Involuntary Clients

Clients that are involuntary differ from legally mandated clients because they are not court ordered to attend treatment. Similar to legally mandated clients, however, involuntary clients may not believe they have a problem or blame someone else for the problem. Dissimilarly, involuntary clients choose to attend treatment as a way to please a close friend, colleague, or family member. The idea of attending treatment was not an involuntary client's own thought but that of another person. In order to keep a positive relationship with that person, an involuntary client may agree to attend treatment but is likely to display resistance behaviors.

It can be said that involuntary clients are in the second stage of The Stages of Change Scale (SOCS) as cited by O'Hare (1996). The second stage of the SOCS is contemplation. Clients display awareness of a problem, they may consider change, and they have some expectations that the therapy may help (O'Hare, 1996). With the suggestion or coercion of another person, the involuntary client will begin treatment for change.

Voluntary Clients

A client that is voluntary attends treatment or seeks services for the purpose of change through a self-referral. A voluntary client is willing and compliant to go through the requirements in order to reach their goal. While a voluntary client may seem ideal, not all voluntary clients are compatible with their assigned social worker. Even voluntary clients may display some resistant behaviors if they do not build rapport or a bond with the social worker, or as they work through trauma or confront areas for personal growth that are difficult.

Effective Responses to Client Resistance Behaviors

There are some techniques that social workers may use when responding to client resistance behaviors. Social workers with involuntary clients might find that involuntary clients show resistance behaviors compared to voluntary clients. In some cases, individuals or couples are referred by their friends or family to seek therapy making them involuntary clients. A technique that social workers may use when responding to client resistance behaviors by involuntary clients is the therapeutic alliance (Sotero et al., 2016). This technique will allow for the relationship between the social worker and the client to develop positively (Sotero et al., 2016).

It is best to establish a good therapeutic alliance with clients who have been pressured to seek therapy or who have been court ordered (Sotero et al.,

2016). The therapeutic alliance model is comprised of three fundamentals: bonds, tasks, and goals (Sotero et al., 2016). The bond component refers to the relationship between the client and therapist, which includes trust. The tasks component is “the agreement between client and therapist on the tasks carried out in the therapy” (Sotero et al., 2016, p. 38). Lastly, the goals are what the client and therapist work to accomplish. The therapeutic alliance model works well with individual clients and in family therapy (Sotero et al., 2016).

Another technique that social workers may use when responding to client resistance behaviors is empathy. Empathy is a small technique to use but may have relation to the outcome of a client and therapist relationship (Elliott et al., 2011). Responding with empathy to client resistance behaviors will allow clients to attune with their therapist (Elliott et al., 2011). However, research shows that responding with empathy will not work with all clients (Elliott et al., 2011). Responding with empathy to clients does not mean to repeat back to the client what they said, rather “empathic understanding responses convey understanding of client experience” (Elliott et al., 2011, p. 47).

Theories Guiding Conceptualization

When it comes to client resistance behaviors, theories provide a framework on understanding the use of interventions. There are some theories

available to social workers regarding client resistance behaviors. For the purpose of this study two theories will be highlighted. Cognitive Behavioral Theory (CBT) and Solution-Focused Counseling (SFC) will be defined and examined to aid in understanding how they are used when social workers are faced with client resistance behaviors.

Cognitive Behavioral Theory (CBT)

Cognitive Behavioral Theory (CBT) is defined as the “fundamental principle that an individual’s cognitions play a significant and primary role in the development and maintenance of emotional and behavioral responses to life situations” (González-Prendes & Resko, n.d., p. 14). CBT is one of the most used forms of psychotherapeutic intervention and it has extensive research that supports its success (González-Prendes & Brisebois, n.d.). CBT highlights the thoughts and beliefs that reflect the way we process information, which can “affect our emotions and behavioral responses” (González-Prendes & Brisebois, n.d., p. 21).

CBT is known to be useful in helping clients who are hesitant about change (Hara et al., 2015). Some examples of resistance include client ignoring the therapist question, client disagreeing with suggestions made by therapist, or client interrupting the therapist when the therapist is attempting to make a

reflection (Hara et al., 2015). Although clients express themselves with resistance behavior, research has discovered that client resistance is an important factor in psychotherapy because the therapist guides a client who is ambivalent about change (Hara et al., 2015). CBT is an action-oriented therapy where the therapist's first step will be to address client resistance; however, the therapist first needs to be able to effectively identify client resistance behavior (Hara et al., 2015). Yet, little is known about how much awareness therapists have about client resistance and whether awareness is linked with client outcomes (Hara et al., 2015).

Solution-Focused Approach Using Motivational Interviewing (MI)

Another theory that works well for social workers when faced with client resistance behaviors is Solution-Focused Counseling (SFC) using Motivational Interviewing (MI). SFC examines an individual's resiliency and ability to make positive changes in their life by utilizing their strengths and skills (Atkinson & Ames, 2007) thus making this framework beneficial for both client and social worker when faced with client resistance behavior. SFC is a counseling approach that has been developed as an alternative to the problem-focused approach that has been overcome in the mental health clinical practice (Lewis & Osborn, 2004). The SFC approach is a great approach because – instead of highlighting the

resistance behavior a client may have – a social worker can assist the client overcome the resistance.

MI offers mainly useful skills and concepts to reduce a social worker's involvement in resistance and it is known to reduce resistance related to other reasons (Forrester et al., 2012). MI is a counseling approach used in social work practice and it is based on the assumption that people are not always ready for change behaviors (Atkinson & Amesu, 2007). MI originally was designed to help individuals with addiction and used confrontation and direct advice. Over time, it transformed into a traditional counseling intervention (Lewis & Osborn, 2004). Although MI originated for addictive behaviors such as drug and alcohol abuse, it is person-centered and aims for positive change (Lewis & Osborn, 2004). MI puts a spotlight on the social worker's behavior as it may be the cause for client resistance behavior, nonetheless MI's approach helps to reduce resistance (Forrester et al., 2012).

Currently, we have been unable to identify any existing literature on whether social workers feel adequately trained, prepared, and confident to deal with client resistance. However, there is literature to assist social workers to cope with client resistance and there are resources for reducing resistance and increasing participation ("TEAM-CBT and Social Work," 2020).

Conclusion

As shown in the literature discussed, the vast majority of social workers can expect to face client resistance behaviors at some point in their career.

There are several factors that contribute to client resistance behavior. Social workers and clients may be at risk if professionals do not feel competent and confident to respond to client resistance behavior. Yet little is known about the extent to which social workers feel prepared when met with client resistance behaviors.

CHAPTER THREE

METHODS

Introduction

In this chapter, an overview of the research design, sampling methods, measurements for data collection, procedures, protection of human subjects, and data analysis methods are described. A quantitative technique using a survey questionnaire created by the researchers was used to gather information regarding how competent and confident social workers feel when faced with client resistance behaviors.

Study Design

The purpose of this descriptive study was to explore the competence and confidence that social workers have to respond to client resistance behaviors. In order to assess the competency and confidence of social workers, a cross sectional survey design was used. An online survey including an adapted instrument was developed to investigate whether social workers feel competent and confident to respond to client resistance behavior. A quantitative approach worked best for this research because it allowed for collection of data from a large sample of social workers, including those of varied demographics, levels of education, and years of experience. Due to the COVID pandemic, the survey was carried out entirely online.

The study sought to answer the following questions: 1) How competent and confident do social workers feel when faced with client resistance behaviors?; and 2) To what extent do variables such as level of education and years of experience impact social workers' level of confidence to respond to client resistance behavior? We hypothesized that those with higher levels education levels will also display higher levels of competence/confidence when faced with client resistance behavior, and that those with more years of experience will display a higher level of competence/confidence when faced with client resistance behavior.

Measurements for Data Collection

The independent variables for this research were 1) highest level of education and 2) years of experience working in the social work field, which were measured at the ratio/interval level. Both were dichotomized for purposes of bivariate analyses, as discussed below.

The dependent variable was measured by an adapted version of the 15-item Sexual Orientation Counselor Competency Scale (Bidell, 2005), which the researchers adapted to measure social workers' confidence level to respond to client resistance behavior. Specifically, each of the 15 questions of the Sexual Orientation Counselor Competency Scale (Bidell, 2005) was re-written, replacing phrases such as "sexual orientation" and "LGB" with "client resistance behavior."

An example of an adapted question includes: “I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients” (original question) to “I have received adequate training and supervision to respond to client resistance behavior” (adapted question). The full list of items in the adapted scale can be found in Table 1 below. In addition, three unique items developed by the researchers were added to ascertain whether social workers felt in some way that their racial/ethnic identity or gender identity impacted. The intentions of the unique questions were to identify if race and gender played a factor in client resistance behaviors. These items can be found in Table 2.

For each of the 18 questions, respondents answered from 1 “Strongly Disagree” to 5 “Strongly Agree.” One item was negatively worded, and was reverse coded prior to analyses. Responses from the 15-item adapted scale were then tallied and averaged to create an interval/ratio level score for each respondent, and utilized as the dependent variable in the below-described bivariate analyses. The three unique items were kept separate and were not included in the bivariate analyses.

T-tests were employed to test differences between education levels and years of experience to test the extent to which these factors may influence social workers' confidence/confidence in confronting client resistance behaviors.

Sampling

Data was collected using an online survey that was emailed to social workers who work directly with clients and to students pursuing a Master's in Social Work at a public university in Southern California. The sampling method used in this research was non-probability with the specific subtype being availability/convenience sampling. Non-probability was used because the researchers did not have the means to conduct probability sampling.

The survey was voluntary and was distributed via email to social workers known to the researchers, and they forwarded the email with the survey link to other social workers who work directly with clients. The known social workers were friends and colleagues of the researchers who work are active social workers in any field working directly with clients. The survey link was also emailed to social work students at a public university in Southern California. Lastly, the survey link was distributed via Facebook. The criteria for selection were: the individual must be a social worker with a Social Work degree (either Bachelors [BSW] or Masters [MSW]), or be an MSW student with a current Social Worker position (could include internship/field placement). No other criteria were specified; individuals of any age, race, gender, etc. could participate.

In an effort to prevent low participation, researchers positively publicized the survey. Participants were informed that the survey was brief and easy to complete in an effort to increase participation.

A total of 137 responses were received. However, there were several participants who did not finish the survey or left large sections blank. A total of 116 surveys were analyzed out of the 137, as they contained complete data. One response had one item missing and researchers calculated and imputed the mean for the sole missing item.

Procedures

Permission was requested to solicit participation from social work students at a public university in Southern California by emailing the Director of the School of Social Work, and a copy of the study's IRB approval was attached to the email. Data was collected via an online survey link. The survey link was also posted on social media, (i.e., Facebook). Data collection took place anywhere that participants had access to retrieve the survey link. The survey was completed by participants during any time they had available.

Data was collected using Qualtrics, which allowed the researchers to create an online survey to be administered for free. Data was then transferred from Qualtrics into the SPSS computer program. Only the two researchers of this

study had access to the SPSS data, and it was password protected. The data was identified with a study-supplied identification number and all completed surveys were abolished once the study was completed. Data collection began on April 21, 2021 and ended on May 14, 2021.

The survey consisted of 23 total questions, which included demographic questions (age, race/ethnicity, gender), highest level of education, and years of experience working in the social work field, as well as the 15-item adapted scale and 3 unique questions. The 15-item adapted scale and 3 unique questions asked respondents to rank answers on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). Once the data was transferred from Qualtrics to SPSS software, researchers completed the analysis by conducting descriptive and inferential statistics, as described below.

Protection of Human Subjects

The primary concern of the researchers was the protection of privacy of participants. The study made all efforts to ensure that information and data was kept confidential. Participants were not asked any identifying information (e.g., name, address, phone number) and they remained anonymous. The participants' data was protected by using a password protected computer.

All participants received an informed consent, which stated that participation was completely voluntary, and participants had the option to withdraw at any point during the study for any reason without any consequences. The informed consent also disclosed the purpose of the study, which was to investigate the social worker's perspectives on their level of competency and confidence in responding to client resistance behavior. The informed consent also informed the participants that they were selected to participate in the study because they have some social work experience. The informed consent can be located in Appendix A.

Although participation in the study did not have benefits to the participants, their participation will help improve current social worker education and training in responding to client resistance behaviors. At the end of the survey, a debriefing statement was available for participants who might have recalled a traumatic experience with a client that expressed resistance behavior. A resource was provided within the debriefing statement to aid the participant. The debriefing statement can be located in Appendix B.

Data Analysis

Quantitative data analysis was employed to answer this study's research questions. Data analysis was completed using the SPSS statistical analysis software. Descriptive statistics were conducted to understand the demographic

profile of the respondents, including their gender, racial/ethnic identity, age, years of experience, and education level.

Bivariate analyses (e.g., Independent Samples T-tests) were used to observe the influence that the selected independent variables may have on how social workers perceive their competency and confidence to respond to client resistance behaviors. Data was analyzed by examining social workers' level of preparedness/confidence to address client resistant behaviors using mean scores from the adapted scale. Negatively worded items from the scale were reverse scored. An average score on the 15-item adapted scale representing each participant's level of competence/confidence with resistance behavior, with higher scores indicated a higher level of competence/confidence.

The independent variables for this research were level of education and years of experience. Utilizing the interval/ratio level data provided by respondents related to their number of years of experience, we calculated the mean and determined it to be 6.47 years. We then dichotomized the variable by setting 6.47 as the cut-off point, thus creating two groups: those with 6.47 or less and those with more than 6.47 years of experience. For the level of education variable, we created two groups: those with a master's degree and those without a master's degree. The dependent variable was the confidence level to respond to client resistance behavior, as measured by the mean score scale.

To test our hypotheses, we conducted the following analyses: 1) A comparison by education level revealed if respondents' level of education helped

them feel equipped to respond to client resistance behaviors. Researchers conducted an independent samples T-test to test for differences between those with and without a Master's degree related to their level of confidence to respond to client resistance behavior. 2) A comparison by years of experience revealed if greater number of years having worked as a social worker helped respondents feel equipped to respond to client resistance behaviors. Researchers conducted an independent samples T-test to test for differences between those with 6.47 years or less and those with more than 6.47 years of experience in the social work field related to their level of confidence to respond to client resistance behavior.

Conclusion

This chapter provided an outline of the study design, sampling methods, measurements for data collection, procedures, protection of human subjects, and data analysis that occurred for this study. The study utilized quantitative methods of data analysis. Using an online survey design, data was collected and interpreted via a correlational analysis to observe the extent the independent variables of education level and years of experience influences respondents' perceived competency and confidence to respond to client resistance behaviors. The study was approved by the IRB at the researcher's institution. Participants' data was handled in agreement with the protection of human subjects.

CHAPTER FOUR

RESULTS

Introduction

This chapter will review the survey findings, including participant demographics, descriptive information on the relevant independent and dependent variables, and bivariate analyses utilizing standard independent samples T-test procedures.

Data Analysis

The data collected via the survey included demographic information for each participant. The demographic questions included gender, racial/ethnic identity, highest level of education, and years of experience working in the social work field. A total of 137 surveys were collected; however, due to missing answers only 116 surveys were determined to be valuable for this study.

Demographics pertaining to gender had the options of male, female, and other/prefer not to state. Descriptive analyses found that, of the 116 participants, eight participants (7%) identified as male, 107 participants (92%) identified as female, and one participant (1%) indicated other/preferred not to state.

Demographics pertaining to racial/ethnic identity had a total of six options (White/Caucasian, Asian/Pacific Islander, Black/African American, Hispanic/Latino/a, Biracial/Multiracial, and Other). Of the 116 participants, 27

participants (23%) identified as White/Caucasian, five participants (4%) identified as Asian/ Pacific Islander, 14 participants (12%) identified as Black/ African American, 62 participants (54%) identified as Hispanic/ Latino/a, seven participants (6%) identified as Biracial/ Multiracial, and one participant (1%) identified as other.

Demographics pertaining to highest level of education question offered six options (High School Diploma/GED, Some College, 2-year College Degree/Associate's, Bachelor's, Master's, and PhD/other advanced professional degree). The findings were condensed and categorized into two categories (less than a Master's, and Master's or higher). There were 48 participants (41%) who identified their highest education to be less than a Master's, and 68 participants (59%) who identified their highest education to be a Master's degree or higher.

Demographics pertaining to years of experience working in the social work field had a fill-in-the-blank answer, which resulted in 26 different answers ranging from zero years to 37 years of experience. Descriptive statistics revealed a mean of 6.47 years (SD = 6.027), median of 5 years, and mode of 2 years of experience.

Descriptive analyses were completed to establish the overall sample's confidence and competence level to respond to client resistance behavior. The Means (M) and Standard Deviations (SD) for each of the 15 scale items were analyzed. The results (presented in Table 1) include: 1) I am aware of what client resistance behaviors are and the different types of resistance behaviors (M=3.41,

SD=0.758); 2) I am confident in responding to client resistance behavior (M=3.28, SD=0.832); 3) I have received adequate training and supervision to respond to client resistance behavior (M=3.28, SD=1.277); 4) Annually, I receive training on how to respond to client resistance behaviors (M=3.62, SD=2.037); 5) My college courses provided me with training on how to respond to client resistance behaviors (M=3.31, SD=1.675); 6) In my college courses, I received training on how to respond to client resistance behaviors (M=3.19, SD=1.278); 7) I have experience counseling clients with resistance behaviors (M=4.11, SD=1.02); 8) I check up on my counseling skills related to how to respond to client resistance behavior by monitoring functioning/ competency via consultation, supervision, and continuing education (M=4.01, SD=1.176); 9) Currently, I do not have the skills or training to respond effectively to client resistance behaviors (M=2.04, SD=1.05); 10) Involuntary clients are more likely to display resistance behavior (M=3.85, SD=1.007); 11) Mandated clients are more likely to display resistance behavior (M=3.78, SD=0.994); 12) Voluntary clients are more likely to display resistance behavior (M=2.51, SD=0.955); 13) I am aware of institutional barriers that promote client resistance behavior (M=4.13, SD=0.86); 14) I am aware that counselors may impose their values concerning client resistance behaviors (M= 4.06, SD=0.954); and 15) There are different psychological/issues impacting clients with resistance behaviors versus those who do not have resistance behaviors(M=3.8, SD=0.98).

Descriptive analyses were completed on the last three unique questions pertaining to the overall confidence and competence level to respond to client resistance behavior based on race and gender. The intentions of the unique questions were to identify if race and gender played a factor in client resistance behaviors. The results (presented in Table 2) include: 1) Social Workers' race is a factor in client resistance behavior (M=3.28, SD=0.949); 2) Clients respond with resistance behavior when the race of the social worker is different than the client's (M=3.05, SD=0.875); and 3) Clients respond with resistance behaviors when the gender of the social worker is different than the client's (M=3.07, SD=0.863).

Table 1. Descriptive Analyses of Adapted Scale Items

	Summed Scores	
	M	SD
1. I am aware of what client resistance behaviors are and the different types of resistance behaviors.	3.41	0.758
2. I am confident in responding to client resistance behavior.	3.28	0.832
3. I have received adequate training and supervision to respond to client resistance behavior.	3.28	1.277
4. Annually, I receive training on how to respond to client resistance behaviors.	3.62	2.037
5. My college courses provided me with training on how to respond to client resistance behaviors.	3.31	1.675
6. In my college courses, I received training on how to respond to client resistance behaviors.	3.19	1.278

7. I have experience counseling clients with resistance behaviors.	4.11	1.02
8. I check up on my counseling skills related to how to respond to client resistance behavior by monitoring functioning/competency via consultation, supervision, and continuing education.	4.01	1.176
9. Currently, I do not have the skills or training to respond effectively to client resistance behaviors.*	2.04	1.05
10. Involuntary clients are more likely to display resistance behavior.	3.85	1.007
11. Mandated clients are more likely to display resistance behavior.	3.78	0.994
12. Voluntary clients are more likely to display resistance behavior.	2.51	0.955
13. I am aware of institutional barriers that promote client resistance behavior.	4.13	0.86
14. I am aware that counselors may impose their values concerning client resistance behaviors.	4.06	0.954
15. There are different psychological/issues impacting clients with resistance behaviors versus those who do not have resistance behaviors.	3.8	0.98

Note: M= mean. SD= Standard Deviation.

*This item was reverse coded when calculating the overall scale score

Table 2. Descriptive Analyses of Unique Questions

	M	Summed Scores SD
Social Workers' race is a factor in client resistance behavior.	3.28	0.949
Clients respond with resistance behavior when the race of the social worker is different than the client's.	3.05	0.875
	3.07	0.863

Clients respond with resistance behaviors when the gender of the social worker is different than the client's.

Note: M= mean. SD= Standard Deviation.

Bivariate Analyses

Bivariate analyses were performed following standard independent samples T-test procedures to explore the impact of years of experience and level of education on social workers' competency in responding to client resistance behaviors. Independent samples T-test results are reported in the tables below.

Relationship between Years of Experience and Competency in Responding to Client Resistance Behaviors

Prior to conducting a T-test to explore the relationship between years of experience and competency in responding to client resistance behaviors, the variable Years of Experience was dichotomized using the mean of 6.47 as the cutoff point, as described above. The findings from the T-test revealed that years of experience was significantly related to competency in responding to client resistance behaviors ($p=0.018$), with those with more than 6.47 years of experience having higher levels of confidence ($M=3.59$, $SD=0.29$) as compared to those with 6.47 years or less of experience ($M=3.44$, $SD=0.33$). The findings are presented in Table 3.

Prior to conducting a T-test to explore the relationship between education level and competency in responding to client resistance behaviors, the variable Level of Education was dichotomized, such that those with less than a Master's

degree were in one group and those a Master's or higher were in the other group. The findings from the T-test revealed no statistically significant difference between the groups ($p=0.477$), suggesting that there is no relationship between education level and competency in responding to client resistance behaviors. The findings are presented in Table 4.

Table 3. Years of Experience T-test.

	N	M	SD	p
6.47 Years or less of Experience	77	3.44	0.33	0.018
Over 6.47 Years of Experience	39	3.59	0.29	

Note: M= Mean. SD= Standard Deviation.

Table 4. Level of Education T-test.

	N	M	SD	p
Less than Master's degree	48	3.47	0.34	0.477
Master's degree and higher	68	3.51	0.31	

Note: M= Mean. SD= Standard Deviation.

Conclusion

This chapter provided a summary of the survey study finding. The findings included a descriptive statistical analysis which also included information on

demographics, followed by the results of the bivariate analysis that utilized a standard independent sample T-test procedure.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to provide an interpretation of the results from the various analyses. We will discuss the findings and the extent to which they answer the research questions. Next, we will discuss the limitations of the study. Finally, we will offer recommendations for social work practice and policy.

Data Interpretation

The purpose of the study was to explore the competence and confidence that social workers have to respond to client resistance behaviors, and to examine whether level of education and years of experience are related to their competence/confidence. Keeping in mind that social work students and active social workers will inevitably encounter client resistance behaviors, the study measured the extent social workers (and those in training) feel prepared to address client resistance behavior, regardless of whether their confidence is the result of trainings received during college courses, through employment, or professional growth opportunities. It was hypothesized that those with higher education levels (e.g., those with Master's degrees) would report a higher level of competence/confidence when faced with client resistance behavior. It was also

hypothesized that those with more years of experience would report a higher level of competence/confidence when faced with client resistance behavior.

The results of the descriptive analysis of individual items within the adapted scale revealed that participants - on average - reported scores that clustered between 3 and 4, suggesting that social workers felt neither they had a high nor a low but perhaps a mediocre level of competence/confidence when faced with client resistance behavior. However, there were a couple items with means that were particularly higher or low. Specifically, item 7 (“I have experience counseling clients with resistance behaviors”) had mean score of 4.11, suggesting that participants felt strongly that they had such experience. Similarly, item 13 (“I am aware of institutional barriers that promote client resistance behavior”) had a mean score of 4.13, suggesting that participants have a high level of awareness of institutional barriers that promote client resistance behavior. Also, item 14 (“I am aware that counselors may impose their values concerning client resistance behaviors”) had a mean score of 4.06, suggesting a high level of awareness related to the possibility of values imposition.

Conversely, a couple items were shown to have markedly scores. Item 9 (“Currently, I do not have the skills or training to respond effectively to client resistance behaviors”) had a mean score of 2.05. Since this item was negatively worded, the inverse score of 3.95 suggests that participants generally feel they do have the skills and training to respond effectively. Also, item 12 (“Voluntary

clients are more likely to display resistance behavior”) had a mean score of 2.51, which aligns with conventional wisdom – that voluntary clients are not the group most likely to display resistance behavior, involuntary and mandated clients are.

The results of the descriptive analysis of the three unique questions indicated that participants general neither agreed nor disagreed that social workers’ race and/or gender were a reason for client’s resistance behavior. Researchers were surprised by the results as it was anticipated that in some communities, the race and gender of the social worker would play a role in client resistance behavior.

The results of the bivariate analysis examining the relationship between years of experience and competence/confidence in dealing with client resistance behavior indicated that there is a significant difference between those who have 6.47 years or less of experience and those who have over 6.47 years of experience ($p=0.018$). The results reveal that the social workers in the sample with more years of experience felt significantly more competent in their ability to respond to client resistance behaviors ($M=3.59$; $SD=0.29$) than their less experienced colleagues ($M=3.44$; $SD=0.33$). This confirms our hypothesis, which predicted lower competency levels among those with fewer years of experience and higher competency among those with more years of experience.

We interpret this finding to mean that – as social workers accrue more experience – their ability to confront and address client resistance behaviors also grows. On one hand, this is good news for young, aspiring social workers just

starting out who may not yet feel skilled in this area; with experience they will acquire greater levels of confidence when faced with client resistance behavior. On the other hand, a lack of confidence in this area could pose serious concerns to less experienced social workers, their supervisors, and the agencies in which they work. When faced with client resistance behavior lacking of skills to address it, clients could be a risk of not making progress toward their goals, and social workers could be at risk - in worst case scenarios - of violence against them. They might also be at risk of burnout, if they find they are often faced with these behaviors and lack the awareness, tools, and confidence of address them.

The results of the bivariate analysis examining the relationship between level of education and competence/confidence in dealing with client resistance behavior revealed that there is no significance between those with and without a master's degree as it pertains to social workers' level of competence/confidence when faced with client resistance behavior. This finding disconfirmed our hypothesis, which predicted lower competency levels among those with less education (e.g., Bachelor's only) and higher competency among those with more education (e.g., Master's). Given mean scores of 3.47 (SD=.034) for the "less than Master's" group and 3.51 (SD=.031) for the Master's or higher group, we interpret this finding to mean that social workers at any level feel only moderately prepared when faced with client resistance behavior. This likely is related to the lack of direct coursework and training in BSW and MSW programs expressly related to client resistance behavior.

Taken together, these findings suggest that social workers acquire the necessary skills to confront and address client resistance behavior not through their coursework and training, but rather through on-the-job experience over time. Neither Bachelor's nor Master's level social workers in our study felt particularly well equipped to handle client resistance behaviors, suggesting that our profession's terminal degree – the MSW – is not producing graduates who are prepared at the outset to address client resistance behavior. Instead, they seem to gain these skills once in the field through direct experience, but this takes time. If our findings are indications, it could be as many as 6 or 7 years before even Master's level social workers feel secure in their abilities when faced with client resistance behaviors.

Study Limitations

There are some limitations to this study. The main limitation is that we employed a non-probability sampling strategy. Our sample was one of convenience; we did not have a pool from which to draw a random sample. Thus, our ability to generalize findings to the general population of social workers is quite limited, and results should be interpreted with this limitation in mind.

Moreover, our survey was distributed primarily via email through a university in Southern California, as well as via Facebook. Thus, most participants likely live in Southern California and may not reflect the views and beliefs of social workers in other parts of the country.

Another limitation related to the adapted scale we used to measure confidence/competence when faced with client resistance behavior. While we utilized a standardized scale as the basis for our adapted scale, we did not have the ability to ascertain our adapted scale's reliability and validity.

Finally, a limitation relates the three unique questions we developed (displayed in Table 2). It is unknown if respondents' race/ethnicity and gender generally align with or diverge from their client population; it is possible that this might explain why participants responded with "neither agree nor disagree" that race/ethnicity and gender are factors for client resistance behavior.

Recommendations for Social Work Practice and Policy

Our findings suggest that there is a need for client resistance behavior trainings and course content at both Bachelor's and Master's level to increase social workers level of competence/confidence when faced with client resistance behavior. Most participants responded being only moderately prepared when faced with client resistance behavior, regardless of education level, which indicates that social workers could benefit from coursework in their social work program specifically on what is and how to respond to client resistance behavior. The Council on Social Work Education (CSWE), which accredits schools of social work nationwide might consider adding accreditation standards related to client resistance behavior, such as in foundational practice courses.

Our findings also suggest that social workers need on-the-job training from the outset in managing client resistance behavior. During their field placements, social work students could collaborate with field placement authorities to inquire about specific trainings the agency may have to offer that can increase the level of competence/confidence when faced with client resistance behavior. It is suggested that social workers communicate with their field instructor regarding the agency's experience with client resistance behavior in an effort to learn how the agency would like social workers to respond to client resistance behavior. Moreover, post-graduation and once fully employed as a social worker, social workers could seek out additional training related to client resistance behavior, such as through continuing education, and agencies could proactively offer it. These efforts might "speed things up" such that social workers feel prepared much earlier on – not once they have acquired upwards of seven years of experience – to confront and address resistance behavior.

It is essential that social workers feel safe when experiencing client resistance behavior; our findings suggest that receipt of adequate training on how to respond to client resistance behavior while in social work school, during field placements, and once employed post-graduation is sorely lacking. Social workers appear to be left to their own devices to "figure it out" over many years before they feel truly prepared to handle client resistance behavior. Much more can and should be done to better prepare social workers for when they inevitably will face client resistance.

Conclusion

The primary purpose of this study was to investigate if social workers are properly prepared and feel competent and confident to respond to client resistance behavior. The study found that social workers do not feel particularly confident/competent when responding to client resistance behaviors, regardless of their level of education, but that those with more years of experience (i.e., over 6.47) were significantly more confident/competent than those with less years of experience. The study encountered limitations such as the lack of probability sampling, which limits generalizability, and lack of prior testing of reliability and validity of the utilized adapted scale. This study identified that having training on how to respond to client resistance behavior would be beneficial for the safety and best practice approach for all social workers in the field.

APPENDIX A

INFORMED CONSENT

Informed Consent

This study in which you are being asked to participate is designed to investigate the level of confidence and competency in responding to client resistance behavior in the social work field. This study is being conducted by Kelly Martinez and Elizabeth Sandoval under the supervision of Dr. Gretchen Heidemann-Whitt at the School of Social Work at California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of this study is to investigate the social worker's perspectives on their level of confidence and competency in responding to client resistance behavior.

DESCRIPTION: You have been selected to participate in the study because you have some social worker experience. In the study, you will be asked a few demographic questions, your level of confidence and competency, and your experience and training in responding to client resistance behavior.

PARTICIPATION: Your participation in this study is voluntary. You have the right to withdraw at any point during the study, for any reason, and without any consequences.

CONFIDENTIALITY: Your responses will remain anonymous. No identifying information will be asked.

DURATION: The survey is expected to take around 15 minutes to complete.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any benefits to participants. However, your participation may help to improve current social worker education and training in responding to client resistance behaviors.

CONTACT: If you have any questions, comments, or concerns about the study, please contact Dr. Gretchen Heidemann-Whitt at 909-537-5000 and/or gretchen.heidemann@csusb.edu

RESULTS: Results of the study can be obtained at the John M. Pfau Library Scholarworks database. (<http://scholarworks.lib.csusb.edu/>) at CSUSB after June 2022.

CONFIRMATION STATEMENT: I understand that I must be 18 years of age or older to participate in the study, have read and understand the consent document and agree to participate in the study. By clicking the button, "I do consent", you acknowledge that your participation in the study is voluntary and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

I do consent

I do not consent

APPENDIX B
DEBRIEFING STATEMENT

The study you have just completed was designed to investigate whether social workers feel prepared and comfortable to respond to client resistance behavior. The study asked questions regarding education, experience, and training related to responding to client resistance behavior. The study is being conducted by Elizabeth Sandoval and Kelly Martinez. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you are interested in the results of this study, you can obtain a copy of the results at John M. Pfau library at California State University, San Bernardino or on their website at <http://scholarworks.lib.csusb.edu> once the study has been completed, i.e., August 2022.

The following community resources are available for counseling and/or support:

Counseling and Psychological Services (CAPS)-California State University, San Bernardino
Phone: 909-537-5040
Address: Health Center Building, 5500 University Parkway, San Bernardino, CA 92407

County of San Bernardino Department of Behavioral Health
Phone 909-388-0801
Address: 303 E. Vanderbilt Way, San Bernardino, CA 92415

Better Help
Affordable, private online counseling
<https://www.betterhelp.com>

APPENDIX C
INSTRUMENT

1. What is your age? _____
2. What is your gender identity?
 - a. Male
 - b. Female
 - c. Transgender
 - d. Nonbinary
 - e. Prefer not to state
3. What is your racial/ethnic identity?
 - a. White/Caucasian
 - b. Asian/Pacific Islander
 - c. Black/African American
 - d. Hispanic/Latino/a
 - e. Native American, American Indian, Hawaiian or Alaskan Native
 - f. Biracial or Multiracial _____
 - g. Other _____
4. What is your highest level of education?
 - a. Less than high school graduate
 - b. High School Diploma or GED
 - c. Some College
 - d. 2-year College Degree (Associate's)
 - e. Bachelor's Degree
 - f. Master's Degree
 - g. MD, PhD or other professional degree
5. How many years of experience do you have working in the social work field? _____
6. Using a five-point scale, I am aware what client resistance behaviors are and the different types of resistance behaviors.
 1. Strongly disagree
 2. Somewhat disagree
 3. Neither agree nor disagree
 4. Somewhat agree
 5. Strongly agree
7. Using a five-point scale, I am confident in to responding to client resistance behavior.
 1. Strongly disagree
 2. Somewhat disagree

3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

8. Using a five-point scale, I have received adequate training and supervision to respond to client resistance behavior.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

9. Using a five-point scale, annually I receive training on how to respond to client resistance behaviors.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

10. Using a five-point scale, my college courses provided me with training on how to respond to client resistance behaviors.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

11. Using a five-point scale, in my college courses, I received training on how to respond to client resistance behaviors.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

12. Using a five-point scale, I have experience counseling clients with resistance behaviors.

1. Strongly disagree
 2. Somewhat disagree
 3. Neither agree nor disagree
 4. Somewhat agree
 5. Strongly agree
13. Using a five-point scale, I check up on my counseling skills related to how to respond to client resistance behavior by monitoring functioning/competency via consultation, supervision, and continuing education.
1. Strongly disagree
 2. Somewhat disagree
 3. Neither agree nor disagree
 4. Somewhat agree
 5. Strongly agree
14. Using a five-point scale, currently, I do not have the skills or training to respond effectively to client resistance behaviors.
1. Strongly disagree
 2. Somewhat disagree
 3. Neither agree nor disagree
 4. Somewhat agree
 5. Strongly agree
15. Using a five-point scale, involuntary clients are more likely to display resistance behavior.
1. Strongly disagree
 2. Somewhat disagree
 3. Neither agree nor disagree
 4. Somewhat agree
 5. Strongly agree
16. Using a five-point scale, mandated clients are more likely to display resistance behavior.
1. Strongly disagree
 2. Somewhat disagree
 3. Neither agree nor disagree
 4. Somewhat agree
 5. Strongly agree
17. Using a five-point scale, voluntary clients are more likely to display resistance behavior.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

18. Using a five-point scale, I am aware of institutional barriers that promote client resistance behavior.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

19. Using a five-point scale, I am aware that counselors may response impose their values concerning client resistance behaviors.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

20. Using a five-point scale, there are different psychological/issues impacting clients with resistance behaviors versus those who do not have resistance behaviors.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

21. Using a five-point scale, social Workers' race is a factor for client resistance behavior.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

22. Using a five-point scale, clients respond with resistance behavior when the race of the social worker is different than the client's.

1. Strongly disagree
2. Somewhat disagree

3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

23. Using a five-point scale, clients respond with resistance behaviors when the gender of the social worker is different than the client's.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

(ADAPTED FROM: BIDE LL, (2005): SEXUAL ORIENTATION COUNSELOR
COMPETENCY SCALE.)

APPENDIX D
IRB APPROVAL LETTER

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
<http://socialwork.csusb.edu>

December 1, 2020

Dear Ms. Martinez and Ms. Sandoval,

I am writing a letter of support for the IRB application of your proposed study to investigate the topic of the level of confidence and competency social workers report in working with client resistance. I understand you will collect this data via a confidential survey on Qualtrics. I expect you will follow the protocols you have established and shared with me to maintain the protection of participants and their information during the study process.

Please let me know if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn McAllister", with a long, sweeping horizontal line extending to the right.

Carolyn McAllister, MSW, PhD
Associate Professor and Director
cmcallis@csusb.edu

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