

The Seven Barriers To Change

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It seems to me that in any branch of coaching or therapy, there are just seven barriers to change.

I've asked many thousands of workshop attendees if anyone can think of an eighth one, but so

far, no one has managed to do so. So here they are:

The 7 Barriers To Change

1. *Treatment Mismatch*
2. *Discordant Therapeutic Relationship*
3. *Secondary Gains*
4. *Fusion*
5. *Excessive Goals*
6. *Avoidance of Discomfort*
7. *Remoteness from Values*

Let's take a look at each of these in turn, and then we'll look at how to overcome them.

1. Treatment Mismatch

Suppose you were feeling really depressed and you went to a 'witch doctor' who told you that the problem is an evil spirit inside you, and to get rid of it, you need to eat a live raw octopus three times a day. Would you be somewhat 'resistant'? Similarly, if our client expects us to wave a magic wand and fix all her problems, or realign her chakras, or do Jungian Dream Analysis; or if she sees therapy as a place where she does nothing more than vent her feelings while someone listens sympathetically, then she is probably going to resist the ACT model.

2. Discordant Therapeutic Relationship

If there is tension or conflict between the client and the therapist, the client often becomes resistant to change. Now obviously there can be all sorts of factors involved in this discord. For example, the client may dislike the therapist because she is the ‘wrong’ sex or skin colour, or because she unconsciously reminds the client of his abusive mother, or because the therapist has a job (or a child, or a partner) whereas the client doesn’t. Likewise, if the client has been mandated, threatened or coerced into therapy, she’s likely to be antagonistic or resentful towards the therapist.

However, all those issues aside, the way the therapist interacts with the client will play a major part in the way the relationship develops. For example, if the therapist is critical or demanding or pushy or overly-prescriptive, or defensive, or righteous, or arrogant, or dismissive, or too ‘gung-ho’, this is obviously going to increase any pre-existing discord. (Refer back to the common therapist problems in chapter one, and you’ll see that most if not all increase discordance in the relationship.)

Unfortunately, the more stuck a client becomes, the more likely the therapist is to act in ways that make the relationship worse. Why should this be so? Well, the simple truth of the matter is, when our clients get stuck, we don’t like it. We want to help them, and we get stressed when we are unable to do so. As that happens, we easily become fused and avoidant, lose touch with our values, and act in self-defeating ways that are detrimental to the therapeutic relationship.

3. Secondary Gains

There are always going to be benefits for *not* changing, for keeping the status quo. For example, often when people are very depressed, they get additional care and help from loved ones, or are excused from their responsibilities, or have less demand placed upon them. These benefits may consciously or unconsciously keep the client stuck. In layman’s terms, we call these benefits ‘secondary gains’. In ABA we call them ‘reinforcing consequences’, because they reinforce the problematic behaviour, making it all the less likely the client will change. Sometimes the client is very aware of the secondary gains maintaining their behaviour, e.g. the smoker who says, ‘But

cigarettes help me stay slim. When I stop smoking I pile on the weight.’ At other times, the client lacks this awareness; for example, as we discussed in chapter 5, many people are not conscious of the short-term reinforcing consequences of worrying and rumination.

Note: The next four barriers can easily be remembered with the acronym FEAR: Fusion, Excessive goals, Avoidance of discomfort, and Remoteness from values.

4. Fusion

In ACT, we often refer to the mind as a “reason-giving machine”. As soon as we even think about stepping out of our comfort zone to do something a bit different, the mind cranks out all the reasons why we can’t change, shouldn’t change, or shouldn’t *even have to* ‘change: *It’s too hard, I’ll screw it up, I don’t have time, I’m too scared, I’m too depressed, I’m too tired, I’ve tried before and always failed, It’ll all go wrong, I don’t deserve it, Other people won’t like it, I’m not good enough.* If we fuse with these thoughts, they will act like physical barriers.

5. Excessive Goals

If the goal exceeds our resources, we’ll fail – or more commonly, get so overwhelmed by the difficulties that we’ll give up before we even start. For an extreme example: to climb Mount Everest you need a vast amount of resources: excellent health, brilliant climbing skills, lots of time, lots of money, excellent social support. Without these resources, you’re stuck. Common resources our clients may be missing (or at least, failing to realise) include: time, money, health, energy, social support, and relevant life skills such as assertiveness, communication, negotiation, conflict-resolution, problem-solving, goal-setting, action-planning, etc.

6. Avoidance Of Discomfort

This is arguably the single biggest barrier to change. When we step out of our ‘comfort zone’ into a challenging situation with an uncertain outcome, we will experience discomfort. It can take

many forms, but the commonest is undoubtedly anxiety: an uncomfortable emotion that we can expect to feel in any challenging situation with an uncertain outcome. If we are not willing to make room for the discomfort of change, we will not step out of our comfort zone. (This is of course one of the most common secondary gains for persisting with rather than changing the problematic behaviour: we get to avoid the anxiety that comes with change.)

7. Remoteness From Values

Why would we bother to step out of our comfort zone and do something different if it's going to give us unpleasant thoughts and feelings? What's our motivation? What matters enough that we would be willing to do that? If we lose touch with our values, the motivation is not there. So maybe the client paid 'lip service' to his values, but didn't really connect with them. Or maybe she gave the therapist her parent's values or her religion's values rather than her own. Or maybe he told the therapist the values he thought the therapist wanted to hear from him. Or maybe the client gets so fused with various unhelpful thoughts that she loses touch with her values.

Whatever the explanation, if the client is out of touch with his values, he will lack the motivation to change.

Okay, so those are the seven barriers to change, and often there will be several of them involved. And if I have a client who is stuck, I run through these barriers in my head and try to figure out which ones are most relevant. At times I even present them to my client, and ask her which ones she thinks are relevant.

And then, of course, the next step is to figure out how to overcome them.

The 7 Break-throughs To Change

1. *Informed Consent*
2. *Embody ACT In Session*

3. *Examine Pros and Cons of Change*
4. *Defusion*
5. *Acceptance of Discomfort*
6. *Realistic Goals*
7. *Embracing Values*

Let's take a look at each of these in turn.

1. Informed Consent

The antidote to treatment mismatch is informed consent: let the client know what he is in for. We could give the client materials to read (e.g. a leaflet, an email, a section on our website) before they attend the first session, describing what ACT is, what therapy or coaching involves, and how we work in session. Or we can do this as part of the first session, as described in chapter two: 'Selling ACT'. Obviously if the client says no, he doesn't want to do ACT, and we can't 'sell it' to him using the techniques in chapter two, then we have two options: either work with a different model, or refer him to a different therapist.

2. Embody ACT In Session

The best way to prevent or repair a discordant therapeutic relationship, and build a strong therapeutic alliance instead, is for the coach or the therapist to embody ACT in session. When a therapist is fully present, open and engaged; defused from his own unhelpful thoughts; willing to make room for her discomfort; in touch with his values around connection, caring, contribution, compassion; radically respectful of the client; and responding to challenges with openness and curiosity, instead of fusion and avoidance; that will go a long way to building a strong relationship. That is why every textbook on ACT stresses the importance of applying ACT to ourselves; the more we incorporate it into our own lives, the more effective we will be with our clients.

3. Examine the Pros and Cons of Change

The client is frequently unaware of the short-term benefits (i.e. reinforcing consequences) of staying stuck, of doing the same old thing. So we can increase her awareness by taking the time to examine the pros and cons of change, versus the pros and cons of not changing. This is likely to be a far more powerful intervention if we write it down on a piece of paper, so the client can take it home to consider and reflect upon it. You can use the ‘Pros and Cons Worksheet’ from the end of this chapter (or download a copy from the free resources page on www.actmindfully.com.au). On the top half, you complete these sections:

Benefits of continuing present behaviour	Costs for continuing present behaviour
Short term	Short term
Long term	Long term

On the bottom half, you complete these sections:

Benefits of trying new, alternative behaviour	Costs of trying new, alternative behaviour
Short term	Short term
Long term	Long term

When you do this with a client, on the ‘not changing’ side make sure to include ‘avoiding anxiety/uncertainty/risk’ as a short term *benefit*. Also make sure to include ‘staying stuck; more of the same; not growing or developing’ as a long term *cost*.

Similarly, on the ‘making change’ side, include ‘anxiety/uncertainty/risk’ as a short term *cost*, and ‘getting *unstuck*; doing something new; growing and developing’ as a long term *benefit*.

As you work through this sheet with the client, frequently pause and ask the client to notice what thoughts and feelings they are noticing; take the opportunity to foster defusion and acceptance.

Expect that you will often have to do the brunt of the work on this sheet: to generate most of the ideas for most of the boxes.

And if possible, make a copy of the sheet; give one copy to the client, and keep the other in the notes, as you will probably need to revisit it at future sessions.

Keep in mind, the purpose of this exercise is to increase the client's insight into what maintains her behaviour, and to let her see that she has choices: that she can, if she wishes, choose to do something more life-enhancing. But we have to be careful that we don't start pushing or cajoling or hectoring the client to change. Our aim is simply to empower the client: to increase the choices available to him, not to push him into doing what we think is best for him.

Note: The next four barriers can easily be remembered with the acronym DARE: Defusion, Acceptance of discomfort, Realistic goals, and Embracing values.

4. Defusion

We help the client to identify and defuse from all those unhelpful thoughts that are acting as barriers. We might ask her to notice the “reason-giving machine” in action: churning out all those reasons for why I can't do it, shouldn't do it, or shouldn't even have to do it. We might ask him to “name the story”: the ‘I can't do it story’, or ‘The too little too late story’. We can use any defusion technique we like, from ‘leaves on a stream’ to ‘thanking your mind’ to ‘carrying thoughts on a card’. And of course, we can use the pragmatic approach: ‘Can you do it anyway, even though your mind gives you all sorts of reasons not to?’ (Any ACT textbook has a wealth of such exercises; in ACT Made Simple see page ??? for a summary of all the most common defusion techniques)

5. Acceptance Of Discomfort

The antidote to experiential avoidance is experiential acceptance. We might ask the client, “Are you willing to make room for that knot in your stomach, for that pounding heart, for those sweaty hands, for that voice in your head that tells you it will all go wrong – if that’s what you need to make room for in order to be the person you want to be? In order to do the things that really matter to you?” If the client says ‘No’, we will need to move to creative hopelessness, as in chapter ??? If the client says ‘Yes’ or ‘Maybe’ or ‘I’d like to but I don’t think I can’ or ‘I’m not sure’ or ‘I don’t know how to’, then we say, ‘Okay, well how about we give it a go right now and let’s see what’s possible.’ Then we move into some form of active acceptance technique, and practice it right then and there – and we actually practice it, we don’t just talk about it - with the emotions the client has been trying to avoid. (Any ACT textbook has a wealth of such exercises; in ACT Made Simple see page ??? for a summary of all the most common acceptance techniques)

Now occasionally the client may be unable, in session, to get in touch with the specific emotion they are trying to avoid in between sessions. If so, we can work with any painful emotion; the principle is the same for them all. So in such cases, we can simply ask the client to make a commitment to some important values-congruent goal that pulls him out of his comfort zone. This is pretty much guaranteed to bring up uncomfortable feelings for the client, typically anxiety. We can then practice acceptance with whatever discomfort arises.

6. Realistic Goals

Let’s collaborate with the client to make sure his goals are realistic, given the available resources. If he lacks the resources, the new goal might be to find them: e.g. to develop the skills, or to build the social network, or to save the money, or to give up other activities in order to find the necessary time. And if it’s impossible to get the necessary resources, at least for the time being, then we change the goal so it’s realistic for the resources that *are* currently available.

Consider: Is the client focusing on things that are out of his control, such as other people’s reactions? Is she setting emotional goals: trying to control her own emotions? Is he setting vague

wishy-washy goals, or dead person's goals? If so, we help the client to set specific, values-congruent goals, focused on what is most within our control at any moment: our own actions. Commonly, with our really stuck clients, we will need to help them set a new goal which is smaller, simpler, and easier. Encourage your clients to 'think small'. Ask them: 'What is the smallest, easiest, simplest little step you could take in the next 24 hours?' From there, we can help them build up to progressively larger steps.

7. Embracing Values

If we think the client is out of touch with his values, let's steer him back to what really matters.

We can ask: 'Is this important to you? Does it really matter, deep in your heart?'

If the answer is 'Yes', we enquire 'What matters about it? What makes it important? What will you be standing for, if you do this? What will it mean to you, to follow through on this?'

If the answer is 'No, it's not really important', then we say to the client, 'Okay. Then let's skip it, and move on to something else that is important.'

Practical Applications of The 7 Barriers

There are at least two practical applications of the 7 barriers. One way to apply them is in between sessions. If your client is stuck, you can run through the 7 barriers and identify which ones seem most relevant; then think about interventions for the next session that could specifically target those barriers.

The other way is actually during a session. You could download the seven barriers worksheet (from the free resources page on www.actmindfully.com.au), go through it with the client, ask her to identify what is getting in the way of progress, and then target it appropriately.

Experiment!

- In the next week, see if you can use this formulation at least once, either in between sessions, or during a session – or better still, both! Good luck!