

*“It is the truth we ourselves speak rather than the treatment we receive that heals us”- Herbert Mowrer*

## **Roll with Resistance**

In MI, the counselor does not fight client resistance, but “rolls with it.” Statements demonstrating resistance are not challenged. Instead the counselor uses the client’s “momentum” to further explore the client’s views. Using this approach, resistance tends to be decreased rather than increased, as clients are not reinforced for becoming argumentative and playing “devils advocate” to the counselor’s suggestions. MET encourages clients to develop their own solutions to the problems that they themselves have defined. Thus, there is no real hierarchy in the client-counselor relationship for the client to fight against. In exploring client concerns, counselors may invite clients to examine new perspectives, but counselors do not impose new ways of thinking on clients.

## **MI & Resistance - The 4 R’s or Types**

### **Reluctance**

- May recognize the need to change
- May see some benefits of change
- May be concerned about the “unknowns” of change
- Need to verbalize their reluctance & be heard

### **Rebellion**

- May have knowledge
- May have highly invested energy in no change
- Need a menu of options
- Need to hear agreement of “of course, no one can make you change, it is up to you”

### **Resignation**

- No energy for change
- May feel overwhelmed & hopeless
- Need to build hope
- Clinicians belief in the clients ability to make change is a strong predictor of positive outcome

### **Rationalization**

- Has all of the answers
- Has assessed the odds and is OK with rolling the dice
- Utilizes “Harm Minimization”
- Arguing or “rationalizing” further intensifies

Resistance is not a person or a characteristic, an individual may be very resistant to giving up marijuana, but very motivated to find a job.

Resistance is normal in counseling, and how you handle it makes all of the difference as to what the client and you do. If resistance is increased during the session, it is very likely in response to what you are doing. The degree to which a client ‘resists’ is powerfully influenced by counselor style.

### **Responding to Resistance**

Seven different types of reflective statements that may be useful in reducing resistance have been described. They are:

**Simple reflection:** Just repeat the client’s statements in a neutral way.

*Client:* “I don’t know why my mom/dad is worried about this. I don’t do any more than my friends. “

*Clinician:* “You do the same as everyone you know.”

**Amplified reflection:** Reflect the client’s statement in an exaggerated way.

*Client:* “I don’t know why my mom/dad is worried about this. I don’t do any more than my friends. “

*Clinician:* “So your mom/dad is worrying needlessly.”

This reflection may elicit a response from the client to the effect that well, maybe the parent does have some reason for concern.

**Double-sided reflection:** This involves restating what the client has said, but reminding him/her of contrary thing he/she has said in the **past**.

*Client:* “I don’t know why my mom/dad is worried about this. I don’t do any more than my friends. “

*Clinician:* “Your mom/dad doesn’t need to worry, even though there are some things that concern you about the way you \_\_\_\_ with friends.”

**Shifting focus:** This involves helping the client shift focus away from barriers he/she sees to making change to other concerns, about which he/she has shown less resistance to exploring and changing.

*Client:* “I am not going to NA. I went there once and all they did was sit around and drink coffee and smoke cigarettes and talk about drugging. I swear, those people are addicted to going to meetings.”

*Clinician:* “We’re getting ahead of ourselves here...if you do decide to make a change in your use, then we can look at a variety of ways you may choose to go about it. I’m not sure yet I understand why it’s so important for you to make a change.”

**Agreement with a twist:** This involves agreeing with the client but then adding a subtle change in direction. For example:

*Client:* “Why do you keep asking me to talk about my marijuana use? My parents are driving me crazy; you’d use cocaine also if you had my problems.”

*Clinician:* “You have a point. Maybe we should think about having your family come to a session. This problem may be bigger than you alone.”

**Reframing:** This involves acknowledging the validity of the client’s statements but offering a different perspective. For example:

*Client:* “My mom/dad is always bugging me about going to school. I don’t get anything out of it anyway. It’s a waste of time. They don’t even know the crap that goes on at school.”

*Clinician:* “You see school differently than your parents, and you would like to be able to get something out of it, without having to put up with all of the hassles”

**Siding with the negative:** This involves arguing against change in hopes that the client will comment on the disparity between what the therapist says and what he/she knows is healthy behavior. It should be used with caution since it may create confusion or negative feelings, especially if the client is depressed or showing no inclination for change. It is mentioned for completeness but should probably not be used as part of a single MI session at the beginning of treatment. For example:

*Client:* “If you had the problems that I have, you’d use cocaine too.”

*Clinician:* “You may decide that now is not the time for a change; that you are doing the best you can.”

Dealing with resistance within the MI style requires that the OARS and any other strategies be used without any sarcasm or irony. Clients will sense whether the counselor is genuine in joining with him/her or just “playing a game”.

If none of these interventions seem to be working, you might ask the client to decide to not make any changes at this time and leave the door open. Always leave the decision to the client and end the interaction by assuring the client that he or she can make a return to the issue at any time in the future. The rationale behind doing this is to allow the client space to get out of the corner that he or she places himself/herself by being resistant to all of the counselor’s attempts at initiating change. Sometimes it is better to go home and think whether he/she really wants to change (Emphasizing Personal Control) than to remain in a session battling with the counselor.