

MOTIVATIONAL TECHNIQUES FOR HANDLING RESISTANCE

- ❖ **Simple Reflection:** The counselor responds to the client's resistance with understanding, allowing the energy to dissipate. By acknowledging the client's disagreement, emotion, or perception, the counselor encourages further exploration rather than evoking defensiveness.
(Examples):
Client: I'm trying! If my probation officer would just get off my back, I could focus on getting my life in order.
Counselor: You're working hard on the changes you need to make.
Or
Counselor: It's frustrating to have a probation officer looking over your shoulder.

Client: I don't want to take pills. I ought to be able to handle this on my own.
Counselor: You don't want to rely on a drug. It seems to you like a crutch.
- ❖ **Amplified Reflection:** The counselor reflects back what the client has said, but in an exaggerated form. This often results in the client recanting what he or she has said and can elicit the other side of the client's ambivalence to change. It must be delivered **without a sarcastic tone** or hostility may be elicited.
(Examples):
Client: I couldn't just give up drinking. What would my friends think?
Counselor: You couldn't handle your friends' reaction if you quit.

Client: Those studies about cancer don't really prove anything anyway.
Counselor: It seems to you that lung cancer doesn't really have anything to do with smoking. It just happens.
- ❖ **Double-Sided Reflection:** If a client offers a resistant statement, the counselor reflects it back and also includes the other side of the argument (based on previous statements in the session). The counselor reflects the client's ambivalence by making a reflection that captures both sides of the client's discrepancy. These statements may be joined in the middle by the conjunction "but" or "and" or be stated in the form "on the one hand..." and "but on the other hand..."
(Examples):
Client: I only use occasionally, but everyone seems to make such a big deal out of it.
Counselor: You don't think that drugs are harming you seriously now, and you can also see that they are causing serious problems for your family and your job.

Client: I know what you're trying to do is help me, but I'm just not going to do that.
Counselor: On the one hand, you know that there are some real problems here I'm trying to help with, and, on the other, what I suggested is just not acceptable to you.
- ❖ **Change Direction** (or Shifting Focus): The counselor defuses resistance by shifting attention away from the problematic issue. This moves the client away from a topic where he or she is entrenched to an area where he or she may feel more comfortable and less defensive.
(Example):
Client: I know you are probably going to tell me I'm some kind of alcoholic and make me go to meetings and stop drinking altogether.
Counselor: Hey, slow down. We are just sitting down at the beginning of the game, and you're already worrying about the final score. I'm not ready to jump to any conclusions at this point. What is it that you want to do?

- ❖ **Agreement With a Twist:** The counselor initially offers agreement with the client, but with a slight change in direction. This supports the relationship while allowing the counselor to continue to influence the direction and momentum of change.

(Example):

Client: Why is everyone ganging up on me about my drinking? If you lived in my house, with my family, you'd drink too.

Counselor: You've got a good point. Problem drinking affects the whole family. There probably are a lot of issues in your household that feed the frustration.

- ❖ **Coming Alongside (Playing Devil's Advocate):** The counselor takes on an "anti-change" point of view, explicitly siding with the negative (status quo) side of ambivalence. This approach should be **used with caution**.

(Example):

Client: It's not always convenient to refuse to share needles. When I'm using, sometimes that's the only choice—depending on the situation.

Counselor: It may be too difficult for you to abstain. Maybe it's worth the risk of getting HIV to continue on as you are.

Or

Counselor: Perhaps heroin is so important to you that you won't give it up, no matter what the cost.

Client: I don't think this is going to work for me. I feel pretty hopeless.

Counselor: It's certainly possible that after giving it another try, you still won't be any better off, and so it might be better not to try at all. What's your inclination?

- ❖ **Reframing:** The counselor invites the client to examine his or her perceptions in a new light, or a reorganized form. New meaning is given to what the client has said. This strategy is helpful when a client is offering arguments that serve to refute a personal problem. By acknowledging the validity of the client's observations and perceptions, the counselor offers a new meaning or interpretation to them.

(Example):

Client: I've tried so many times to change, and failed.

Counselor: You're very persistent, even in the face of discouragement. This change must be important to you.

- ❖ **Emphasizing Personal Choice and Control:** When a client believes his or her personal freedom is being impinged or that he or she is being forced to do something (such as being in treatment), he or she may adopt an "I'll show you" stance. The counselor can avoid this situation by helping the client recognize that s/he is making a choice. Acknowledging that clients ultimately always choose a course of action helps to minimize resistance.

(Example):

Client: No one will tell me how to act at work.

Counselor: It's true. Only you can decide how to conduct yourself at work.

Client: I know I made a mistake, but the hoops that they are making me jump through are getting ridiculous.

Counselor: You don't like what others are asking you to do, but so far you are choosing to follow through with what they are asking. It takes a lot of fortitude to do that. Tell me what motivates you.