

How to Work with a Client's Resistance

Introduction

with Ruth Buczynski, PhD and Others

National Institute for the Clinical
Application of Behavioral Medicine





How to Work with a Client's Resistance: Ruth Buczynski, PhD and Others

An Introduction to Resistance

Dr. Ruth Buczynski: What do you do when you come up against a client's resistance in therapy?

Dr. Shelly Harrell: It's a communication to me, to the therapist, to listen more deeply.

Dr. Pat Ogden: If you think a client is resistant, you need to look at how they're not feeling safe.

Dr. Peter Levine: I look at resistance as a welcome. If they're resisting, that means they've got skin in the game.

Dr. Sue Johnson: What do you do when somebody isn't where you want them to be? You back the hell up and go join them where they are.

Dr. Buczynski: Resistance is a very common problem in our work with clients, and it's one of the main issues that can end treatment prematurely.

Resistance can present itself in so many ways — through our clients' reluctance or defensiveness, their unwillingness to participate in therapy, or even a hostility toward getting better.

But one of the biggest challenges we face as practitioners is to stay engaged with the important work we started—to avoid faulting our clients for struggling to embrace the painful journey of change.

Hi, I'm Dr. Ruth Buczynski, a licensed psychologist in the state of Connecticut and President of NICABM.

In this series, we'll look at how resistance impacts our work and practical ways to resolve it.

We'll start off by looking at how to reverse deep patterns of resistance that keep clients stuck. Then, we'll look at ways to bring a client out of a defensive state. We'll address the hidden fears that often drive resistance and we'll explore ways to modify those threats. And then, we'll look at how to foster change in our most difficult clients.

Dr. Marsha Linehan: It's like selling cars, except you're selling behavior—I look at my job as a therapist as though I'm really a behavioral salesperson.

Dr. Buczynski: We'll talk about ways to shift clients out of ambivalence and into greater agency for their healing. And then, we'll look at how the practitioner could be prolonging, or even strengthening, their client's resistance.

Dr. Rick Hanson: I was resisting his resistance, and in the classic line—*what you resist persists*.

Dr. Buczynski: By the end of this program, you'll have an expert set of perspectives and guidelines that you can apply to your work with clients—techniques you can begin using tomorrow.

So, let's get right to it! Make yourself comfortable and I'll see you over in Module 1.

Dr. Joan Borysenko: We're all resistant to change in some ways – old patterns we developed when we were younger were once adaptive, and because they were adaptive, they helped us to survive.

Old, adaptive patterns are deeply ingrained at a neurobiological level.

Actually, this is good. Having a pattern deeply ingrained means we don't have to learn the same thing over and over. We know what to do in a situation, and it's not resistance that we're dealing with. It's not an unconscious desire for something else.

It's just the fact that there's a brain circuit running, we need to identify it, and install new wiring – that's what we need to discuss with clients.

So, I might say, "Here is your old pattern. These are the ways that you have told me that it gets in the way. We need to install new wiring, and here is how we're going to go about it."