How to Work with a Client's Resistance

One Approach That Shifts Your Client's Ambivalence to Growth

with Ruth Buczynski, PhD; Shelly Harrell, PhD; Ron Siegel, PsyD; and Kelly McGonigal, PhD

National Institute for the Clinical Application of Behavioral Medicine

nicabm

How to Work with a Client's Resistance: Shelly Harrell, PhD; Ron Siegel, PsyD; and Kelly McGonigal, PhD

One Approach That Shifts Your Client's Ambivalence to Growth

Dr. Buczynski: Dr. Shelly Harrell bristles at the idea of labeling a client *resistant*.

According to Shelly, resistance is not only expected, but indicative of a deeper issue.

But to fully reveal what lies beneath, it may require the practitioner to shift this one perspective.

Dr. Harrell: I think sometimes resistance comes out because there's a sense that one's power is being taken away, that maybe we're imposing our goals a little too strongly in the therapy. It might be time for us, as therapists, to reevaluate - "Have I really established an alliance that I'm on the same page as the client?"

And sometimes resistance is the client saying to us, "I'm not trying to go where you're going. You're not hearing where *I* want to go."

> "It might be time for us, as therapists, to reevaluate—*have I really established an alliance that I'm on the same page as the client?"*

So I think, again, resistance isn't a "characterological in-the-client problem with the client" issue. When I supervise students clinically, one of the things we work a *lot* on is what to do with resistance.

I try to help the therapists think about, "Am I hearing the client? What is the client reacting to about the therapy?" It could be just the process of being vulnerable and getting help, and making one's self known to oneself.

Maybe they are *scared*. Therapy is a very vulnerable situation, just the demand characteristics of sitting with another person, and the expectation that you're supposed to, one, disclose things that are hard to disclose and, two, change. And we're all ambivalent about change; we all have some resistance to change.

> "We're all ambivalent about change; we all have some resistance to change."

So I think it's not just relational; I also think about it in terms of being very normal - that all clients have some ambivalence about change and about the therapy process.

Some of them are going to act that out in very resistant ways, and others are going to be much more subtle about it. And we're going to feel like we're doing work - and yet the resistance may be hidden or located in

particular issues.

We may be able to collude with clients to not attend to certain issues and be in a place that's comfortable for both of us, to talk about the things that the client knows they have issues with, but we may be ignoring something that may be important. And that's the client's resistance *and* our resistance coming in.

" . . . But we may be ignoring something that may be important, and that's the client's resistance ***and*** our resistance coming in."

But I want to get back to just this notion of normalizing resistance and normalizing the ambivalence that people have, coming into therapy. I don't want to think about resistance as a problem in the client, but that it's relational and that it's normal and to be expected. And if we think about it that way, we respond very differently.

Dr. Buczynski: So, what do you think are the most effective ways, once you're in a relational situation where there *is* resistance - what do you think works?

Dr. Harrell: I think, in some ways - humility on the part of the therapist. You know, I caution therapists not to go to that place of judgment with clients – "they're not participating in their own therapy" or "they're not cooperating."

I ask that they first go to a place of humility, and just wonder, "What is happening in this therapeutic relationship? What is the client's internal experience? What am I bringing that may be encouraging the client to hold back? Is there something we need to talk about, about goals, about the therapeutic relationship, that I can approach from a place of humility?"

And I'm really thinking about, "What's the client's internal experience and how can I help the client talk about their internal experience that may be underlying the resistance?"

And in my experience, it often has something to do with powerlessness and vulnerability, and fears about being vulnerable. There are fears about, "What will happen if I open myself to another person? What will happen if I go to my feelings? What will happen if I change my life?"

"In my experience, it often has something to do with powerlessness and vulnerability, and fears about being vulnerable."

So, as much as people may say, "I want this to change. I want this to change. I want this to change," I think ambivalence about change is, again, normative.

It's important to just really try to connect with the client's internal experience that's underlying what we are labeling *resistance,* and, again, bring in humility so we're not judging the client as a "bad client"; that they're not participating in therapy the way they should.

I think those are the things that really stand out to me as being helpful. And I think clients respond to that.

Dr. Buczynski: Shelly brought up the idea of resistance being this fear of opening oneself up.

To illustrate this further, Shelly offers a case study of a middle-aged woman who held onto an ambivalence toward change.

Dr. Harrell: She's an attorney, and she came into therapy with some depression, with some dissatisfaction with her relationships, and felt that she was kind of behind others in having intimate relationships. And one of her goals was, to put it simply - to get a boyfriend.

And it was hard for her to initially talk about vulnerable feelings. There were many therapeutic activities that I attempted to engage her in: some examples where things like journaling, or meditation/mindfulness, or – she was very, very overweight and also indicated she wanted to lose weight, so – keeping a log and going to her weight-loss support groups.

There were just *loads* of suggestions that I had, to try to help her.

And everything was no.

I mean, everything was, "No - I don't like to write. No - I get impatient with meditation. No - I'm not going to talk to a group of people. No . . . "

So there was just constant blocking of any suggestion at all.

And, admittedly, this was a little frustrating. But I sensed her pain; I sensed that coming to therapy was a *huge* risk for her.

"I sensed her pain, and I sensed that coming to therapy was a ***huge*** risk for her."

She was someone who did *not* disclose her feelings.

So we began to talk about what it felt like to just be in therapy, to just come each week - and she came every week. This was not a client who resisted by not showing up or coming late; she came *every week*.

But she didn't *do* anything. Just sitting and talking with her about what brought her to therapy, and trying to

really connect with some of her fears of, *"What would happen if I'm in therapy and I participate in therapy and things still don't change, and I still don't have a boyfriend? That means there's something really wrong with me."*

So, just giving her space to talk *through* what was her internal experience of being in the room, of *trying* to make a change in her life; of what had been her past experiences of trying to change and this sense of hopelessness that "nothing's going to help me; nothing's going to help me."

And once we began to uncover some of those feelings, she began to participate a little more.

So, this is a client who, you know, I saw her for many, many years and she was never sort of the client who comes in with their homework done and says, "Oh, I took you up on that mindfulness practice thing," or whatever; she was a client who still was pretty guarded, but over time that guard began to come down.

> "Allowing her space in therapy to talk about her experience helped to let her know that she ***could*** say *no* to everything and that she wouldn't be judged. I would be ***patient***."

She began to be very emotionally expressive in the therapy process, and began to exhibit more compassion for herself, which I think helped her resistance so that she was not so judgmental about herself.

So I think that allowing her space to talk about her experience in therapy really helped to let her know that she *could* say no to everything and that she wouldn't be judged, and that I would be patient, and that I would pull back as necessary and not impose my agenda on her.

And I think that those were really important messages. So, again, seeing it as a relational process, normalizing ambivalence about disclosing vulnerable feelings, ambivalence about change - I think all of those things helped.

Dr. Buczynski: Normalizing and validating our clients' resistance can be an important step in their healing.

Dr. Ron Siegel now offers his own insights on this idea.

And then, we'll hear from Dr. Kelly McGonigal, who shares a fascinating research study on ambivalence.

Dr. Siegel: Often, the impulse to say no is something which itself needs to be honored because it's certainly an important human capacity to be able to say, "No, this doesn't feel right to me now."

We think of so many people that have been injured by doing something that didn't feel right to them. And that's happened in the history of psychotherapy.

I think we were worse at it in the '60s and the '70s when there was a kind of gung-ho movement toward "Let's get rid of repression. Let's get in touch with raw feeling. Let's express and have catharsis about a lot of raw feeling." And what happened? A lot of people, particularly folks with unresolved trauma histories, wound up getting overwhelmed and dysregulated by their therapeutic experience, and it turned out to be a real problem, and we developed these stage-based approaches to trauma treatment as a result.

"Our own self-esteem needs having to move forward can get in the way of our hearing the signal from our client that this feels like too much to them."

But even if we're alert to that, we can still blow it. And it's a very delicate pathway, and I think our own self-esteem needs having o move forward can sometimes get in the way of our hearing the signal from our client or patient that this feels like too much to them.

I remember being confronted by a patient of mine who at one point said to me something like this. He said, "Okay, so let me get this straight. You're wanting me to let go of using substances as a way to manage my feelings and have all the feelings just come pouring in. You've gotten me to see my dad, basically, as a narcissistic jerk while I used to see him as Superman. So my whole world, that's crumbled. You want me to open to sadness, fear, and anger after a lifetime of blocking them out and spending a whole lifetime of trying to be a winner and be on top. And you're expecting me to do all this with what supports? Talking to you once a week?"

Point well taken. I thought he did a brilliant job of summarizing what we had done.

But I'm there saying, "Yeah, yeah. Let's keep going forward."

And he's saying, "This is too much. How am I ever going to do this?"

So absolutely, listening to people about this. And as much as possible, I think having a kind of psychoeducational discussion of saying, "Here's the roadmap. This is kind of how the work seems to be unfolding. What do you think about

"Here's the roadmap. This is how the work seems to be unfolding—what do you think about the pace? Faster? Slower? Give me an idea of your best guess."

the pace? Faster, slower? Help me out. Give me an idea of your best guess about it." That is one way to try to hit this middle road.

Dr. McGonigal: The first study I wanted to share was published in Psychotherapy Research in 2013. It was done by researchers at the University of Minho in Portugal.

"After a **supportive response,** clients were less likely to continue to express ambivalence."

They looked at moments of what they called ambivalence. It's a form of resistance where a client is expressing some level of ambivalence about a treatment or a change or an assignment. They're like, "I don't know if I really want that."

So, they looked at this moment of ambivalence and then they coded what therapists did. They were looking specifically at the difference between supporting responses and challenging responses.

And what they found is that after a supportive response, that clients were less likely to continue to express ambivalence, but after challenging responses, clients really doubled-down on their ambivalence and were more likely to then reject anything that the therapist said. So, this is very consistent with what Rick Hanson was sharing.

"After **challenging responses**, clients doubled down on their ambivalence and were more likely to reject anything their therapist said."

But what was interesting is what is included in the challenging sub-categories.

I'll just list what was included in the supporting subcategory and then the challenging subcategories.

Supportive is reflecting back what you heard, confirming that you understand what they said, summarizing what you said (this is all variations of the same thing), and demonstrating interest and attention — so maybe that's some of that silence.

"Tell me more." Open questioning – really sincere, curious, open questioning.

Minimal encouragement, and specifying information. That's where you just ask for more detail, like, "Let me clarify," or, "Are you saying that...?" So, just making it more specific.

Those were the supporting responses.

So it probably won't surprise you that some of the challenging responses that elicited this double-down of resistance included interpreting, over-interpreting what someone said, "I know what that means," or something like that, and confronting — going in head-on and arguing.

And it also included debating a client's beliefs. That obviously sounds like a challenge.

But some things that surprised me that I thought people wouldn't always realize – it can be received as deeply challenging to immediately invite the client to adopt a new perspective.

Instead of really processing, affirming, or reflecting what was heard, "Have you considered...?" or . . .

Dr. Buczynski: "What would happen if...?"

Dr. McGonigal: Yes. Inviting them to put into practice a new action.

So, making a suggestion in close proximity to when ambivalence was expressed – that was viewed as quite challenging.

And also changing the level of analysis. So that would be if the client, say, is descriptive and concrete and the therapist starts to abstract from it or generalize from it.

So those were in the challenging category, and they elicited doubling-down on resistance. So, that's the bad news. That's Rick's observation: pushing back doesn't work.

But I wanted to give the good news version too!

This was a study in the *Journal of Consulting and Clinical Psychology* from 2016. And this was a study that was specifically looking for positive behaviors that were consistent with motivational interviewing, which is not a technique that everyone uses, but it's particularly used when you're trying to help a client make a change.

And they looked at the use of the following kinds of motivational interview techniques for handling resistance.

So, **reflective listening** — so just reflecting back what you heard and including double-sided reflection. That's truly reflecting back the ambivalence, not just the resistance or not just the positive interpretation you can take on it.

"***Motivational interviewing*** is not a technique that everyone uses, but it's particularly used when you're trying to help make a change."

Clarification, which we heard about.

Emphasizing personal choice or control. As we've heard so many speakers talk about, trying to give people back their autonomy — it's your choice. What do you want? What matters most to you?

Amplified reflection, which is something I believe I've heard Ron talk about where you just sort of highlight the most extreme version of what you heard. You're reflecting it back, but you're sort of testing the boundaries, trying to see are you really deeply committed to this resistance.

Coming alongside, which I heard many experts talk about, that you are going to go along for the ride. You're going to come along with it and be interested in exploring it further.

And **agreeing with a twist**. I've heard all of this from so many of our wonderful experts. That's where you reflect it back but maybe you add a little twist to see if it can encourage the person to look with fresh eyes at their own argument or their own resistance.

What they found is that the degree to which therapists responded to clients ambivalence or resistance with one of those techniques, that that was associated with lower levels of post-treatment worry.

> "There is data that these approaches so many of the experts are sharing have a ***real impact*** in both the short and long term.

I should say again, these were all in therapy for anxiety. And they were all receiving CBT for anxiety. So, lower levels of post-treatment worry, lower levels of subsequent resistance — so coming forward future sessions — and also long-term treatment outcomes.

So that's the good news side to it –there really is data that these approaches that so many of the experts are sharing, that when used in the moment as a response to ambivalence or resistance, they had a real impact both in the short term and in the long term.

Dr. Buczynski: I could see how some of those motivational interviewing techniques could be useful in working with resistance.

In the next module, we'll look at how the practitioner may be contributing to their client's resistance.

I'll see you then.