

What is going on with my patient?!

Tipping the Motivational Balance for Change!

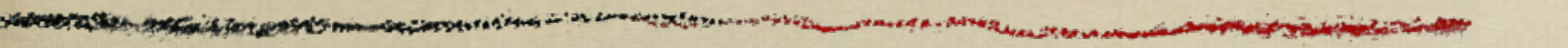
Session 1: Responding to Resistance

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Session Overview

1. What is Resistance?
2. Rethinking Resistance
3. Avoiding Traps
4. Ways to Respond to Resistance



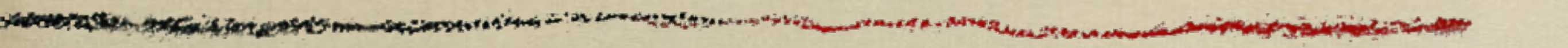


Resistance is a natural and even expected part of any change relationship. How we respond to the resistance can play a significant role in the outcomes for our participants.

Getting Started!



- What we have learned from stages of change is that change is a spiraling process, not so linear.
- Patient/participant's motivation for change is effected by life, love and the pursuit of all things fried.
- Our role is to have skills in our tool box that recognize when an individual has moved to a different stage and use those tools to adjust motivation toward change.
- REMEMBER we are motivated for whatever we are doing...So what motivates us for behaviors?



Its not a volume issue,
it's a clarity issue.

What is resistance?

Describe...

Categories of Resistance

- Arguments
- Challenging
- Interrupting
- Blame others
- Excuses
- Pessimism



Resistance in the Moment

- Unwillingness to change
- Sidetracking
- Answering a different question
- Acquiescence
- Being overly cooperative



More Resistance

Resistance seen between appointments

- Not completing certain tasks
- Late for sessions
- No-shows
- Not picking up phone



Resistance (Continued)

- Resistance is:
 - ◆ a cue to change strategies
 - ◆ a case manager problem, not a client problem
 - ◆ easy to provoke
- Resistance exists between people, there has to be someone/thing to resist.
If I stop pushing back, there is nothing to resist.
- Example: Football



Resistance (Continued)

- Rolling with resistance
- Not taking it personally
 - Recognize that people will not do anything they don't want to do, it is their decision



Motivational Interviewing: Thermostat versus Thermometer

**A thermostat determines
the temperature of a room.**

**A thermometer responds
to the temperature.**

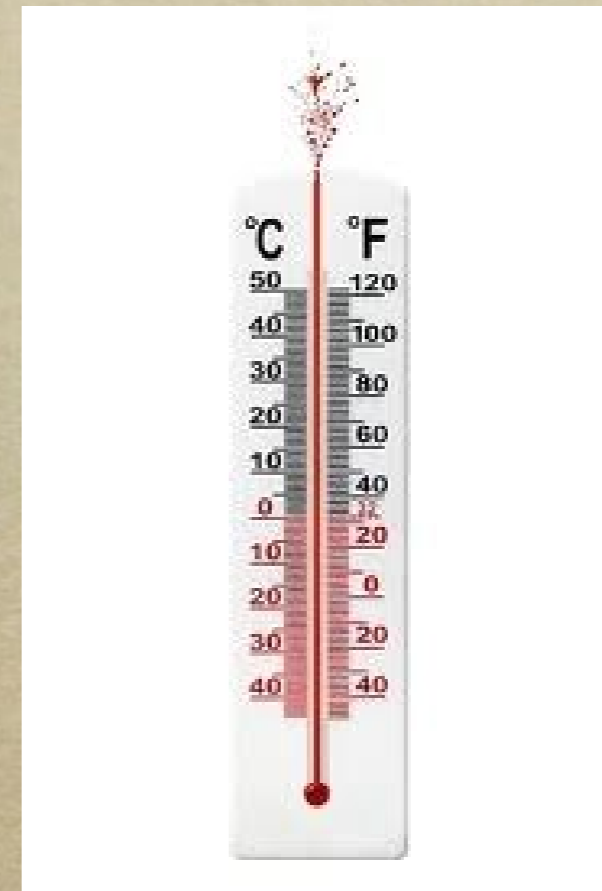
How do we feel when the temperature of the room changes? (at our best)

- Challenged - to use my skills
- Intrigued - by the new dynamic
- Competent - skilled to meet the challenge
- Resourceful - can access tools in my tools box
- Like a thermostat



How do we feel when the temperature of the room changes? (at our not so best)

- Challenged - Questioning my skills
- Angry
- Frustrated
- Insecure
- Try to have all the answers - argue
- Like a thermometer



Why do we respond in our “Not so Best”

- “I know what’s best, JUST LISTEN TO ME!”
- I don’t have the skills to move your forward, so I will match aggression with aggression
- I have some unhealthy defaults
- You are touching on my insecurities
- What are you bringing to the moment?



Rethinking "Resistance"



Resistance or Counter-motivation?

- Understanding that client/patient is putting energy in a different direction.
Motivated for something other than change.
- Resistance may be one type of counter-motivation.



Resistance or Counter-motivation?

Continued...

- There may be many reasons a person continues behavior- e.g., feeling inadequate, low efficacy, inherent value in current behavior.
- Possibly the patient/client hasn't challenged him/herself to meet a significant goal previously. There is not a roadmap.
- The term "resistant" may change our mindset to something more feisty.



Changing the Temperature

- Work on our skills-open up our tool box
- Have a skilled conversation
- Roll with resistance
- Don't take it personally
- It is a cue to change strategies



Related Motivational Interviewing Principles

- Avoiding arguing
- Rolling with resistance



Avoid Arguing

Sometimes our natural tendency is to push back or argue for the side of change. Unfortunately, that actually makes the patient/client defend not changing. We would be speaking the language of the action stage of change, and they are speaking the language of pre-contemplation or contemplation. Breathe for a moment and open your tool box.

Roll with Resistance

Resistance is energy. It requires energy to be resistant, but rather than meet resistance with resistance. Don't take it personally. If there is not someone at the other end of the argument, there can't be a back and forth.



With the MOST resistant patients

- Maintain the spirit of motivational interviewing and relationship
- Early and frequent empathy
- Roll with it – stick to the topic at hand
- EXPLORE the resistance (“tell me more about that...”, Rulers)
- Develop discrepancy
- Emphasize personal choice - unexpected
- Avoid the traps



Avoid the Traps

- Expert- Trying to have all the answers
- Labeling- You're the one with diabetes!



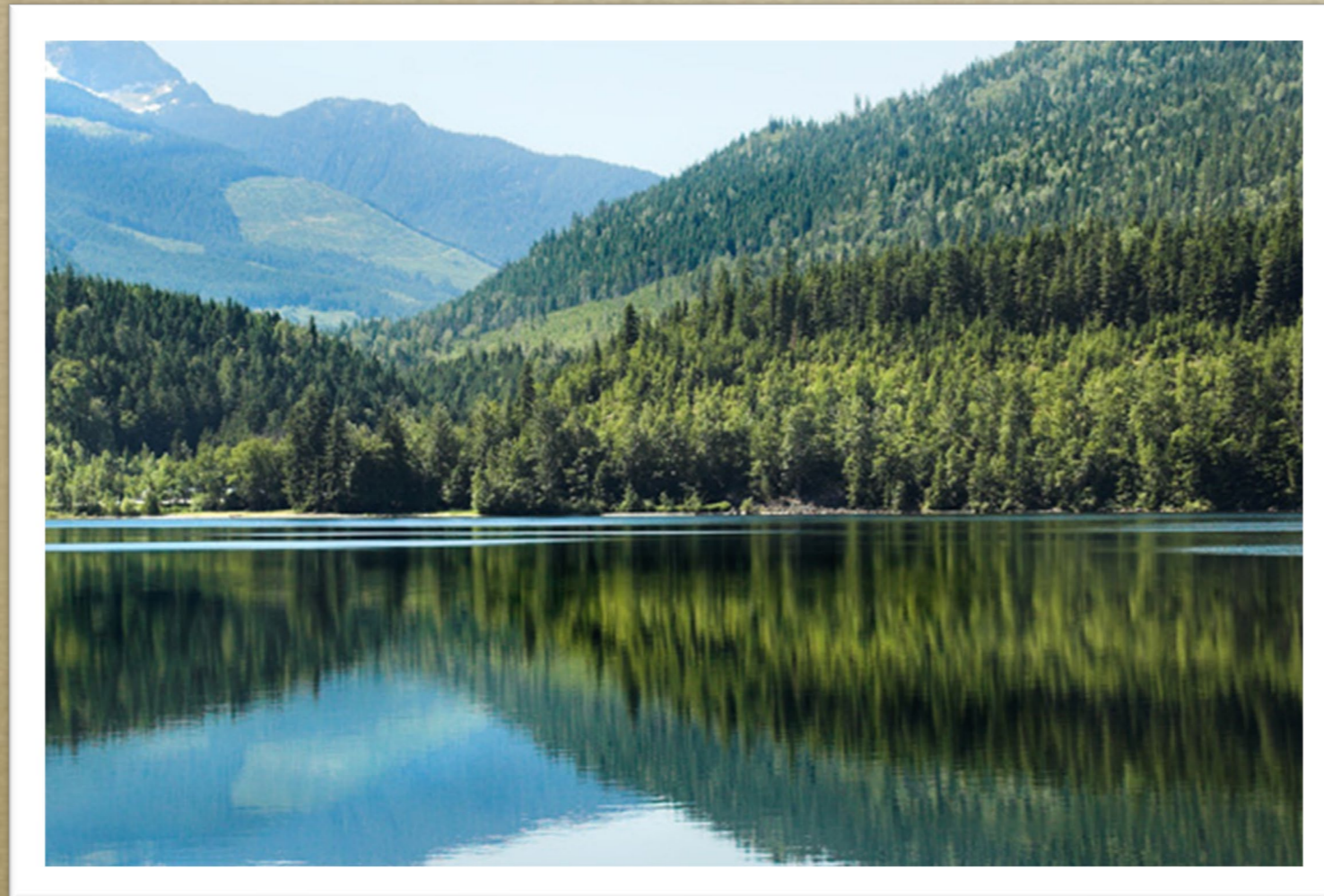
Two Ways for Responding to Resistance

- Reflective Response
- Strategic Response



Reflective Response

- Simple Reflection - Meeting resistance with non-resistance. Reflecting back meaning or a few words they stated back to the patient/participant/client. Really not adding interpretation. Its said as a statement, not a question.



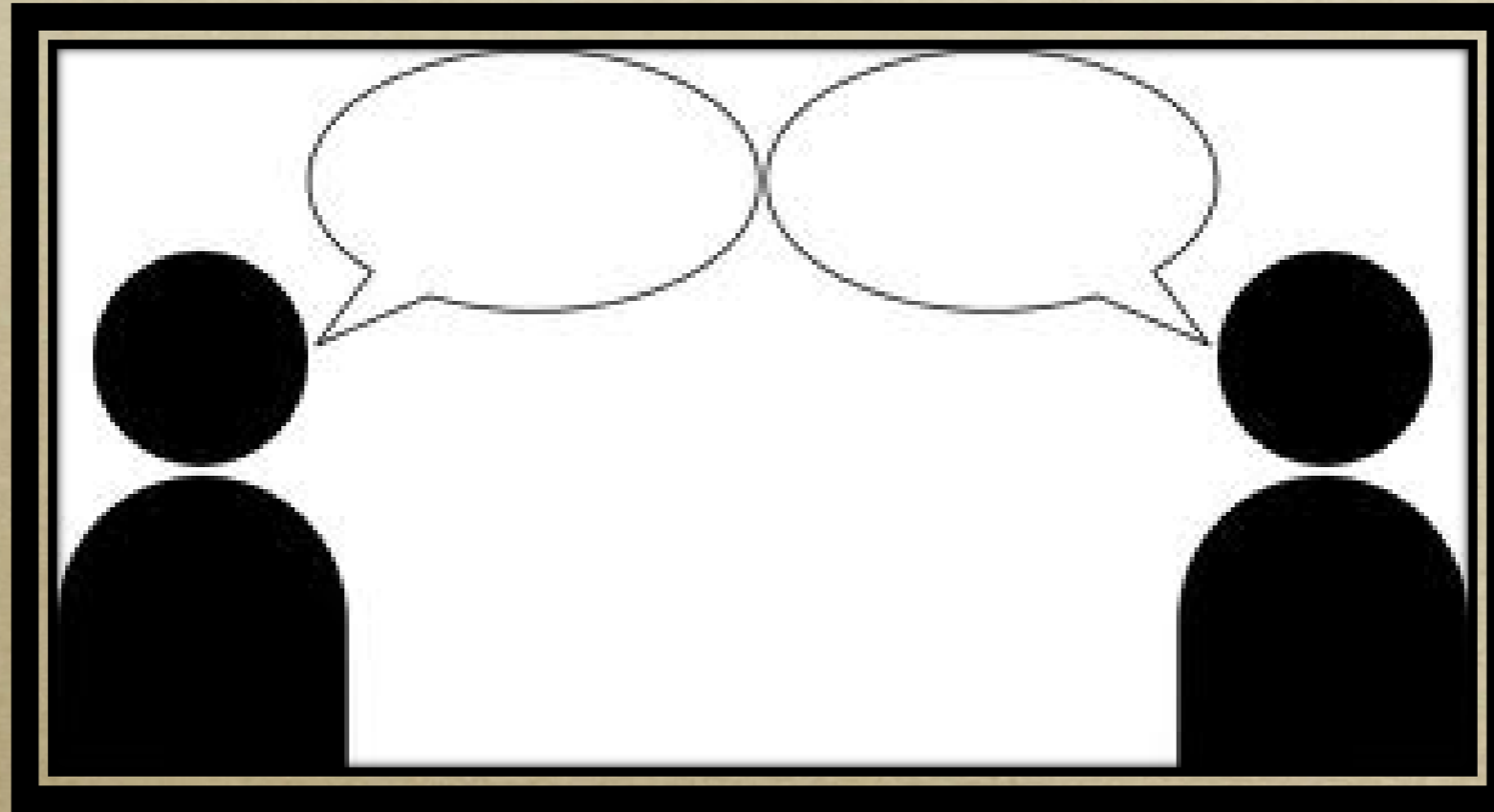


Simple Reflection Example

Reflective Response (continued)

- **Double Sided Reflection** - Capture both sides of ambivalence.
- If the patient/client is displaying only the resistance side of ambivalence, use information they have offered from the other side of ambivalence, using the word **AND** to maintain balance.





Reflective Response Example

Strategic Responses



Strategic Responses

- **Shifting focus:** Finding something else to talk about, going around barriers rather than over them.





Strategic Example

Strategic Response (continued)

- **Reframing** - Acknowledges clients raw feelings and thoughts, but offers a different perspective.





Reframing Example

Strategic Response (continued)

- **Agreement with a twist** - Reflection followed by a reframe this strategy involves reflecting and affirming the clients statement, but with a slight twist or change of direction that keeps the discussion moving forward.



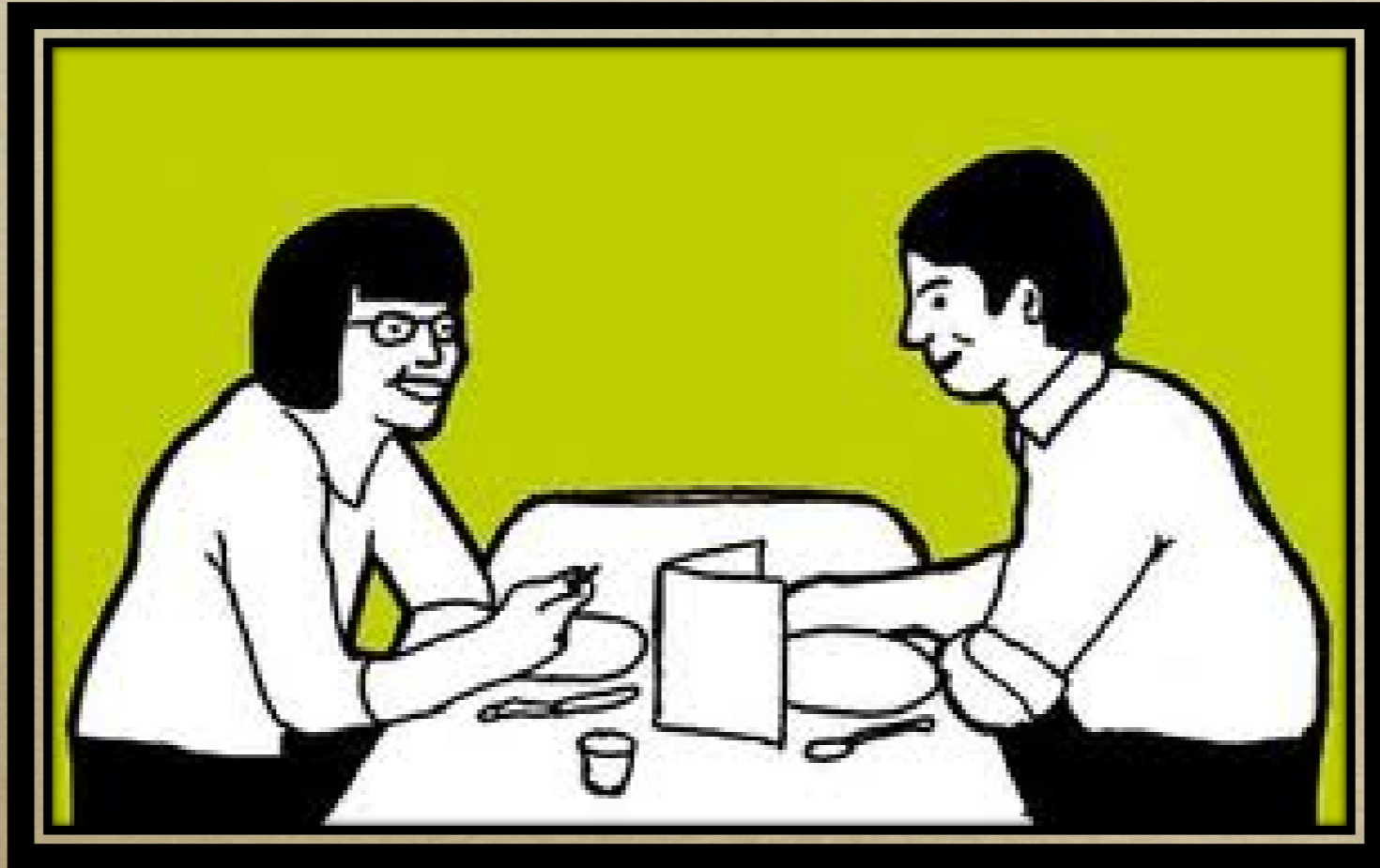


Agreement with a Twist Example

Strategic Response (continued)

- **Emphasize person's choice and control -**
 - The client tries to establish autonomy, we need to emphasize that they are in control of what happens.





Example

Strategic Response - Develop Discrepancy

- Motivation for change increases when a patient becomes aware of discrepancies between current situation and goals or hopes for the future.
- Creates dissonance.
- Don't argue the patient's cons for change; forces patient to defend the cons, reinforcing them for him/her.



Repeat Pros and Cons

"It sounds like, on the one hand, you want to reduce your risk of complications by lowering your blood sugar, but on the other hand you don't like to take medication and you feel fine most of the time."



Ask questions about behaviors that don't support goals set by patient/participant

"Mrs. Jones, I am concerned that you don't want to refill your diabetes medicine. What are your thoughts about how this might affect the goal you set about reducing your risk of the diabetes complications?"



Ask thought provoking questions

“What would have to happen for you to think about getting more activity into your daily routine?”

OR

“What would life be like for you if you lost the 30 pounds you said you’d like to lose?”

OR

If things worked out just right, what would that be like for you?

OR



Summary for Responding to Resistance

- * Resistance is a natural part of any change relationship.
- * We need to be aware of what we bring to the table.
- * We need to develop our abilities to have skilled conversations.
- * Don't take it personally.
- * Practice!



*The only way to keep your health
is to eat what you don't want,
drink what you don't like, and do
what you'd rather not.*

Mark Twain

Be Well Good People