

MI Strategy: Roll with Resistance

Behavior change is difficult. Especially when the person is not accustomed to discussing a behavior that is rarely raised from health/mental health practitioners. So, practitioners need to be aware that resistance is a common scenario during brief intervention sessions and not an intentional act of defiance on the part of the client/patient. Below are some examples of how the practitioner can support the patient/clients state of resistance (i.e., not feeling the need to or wanting to change). The goal is to focus on being *supportive* of where the patient/client is currently at with the struggle for engaging in change.

- ❖ **Keep in mind that resistance is just a signal for you to change direction or listen more carefully to your client/patient's views since they may see things from a different perspective.**

- ❖ **Four ways that patient/clients demonstrate resistance with a practitioner:**
 - Arguing
 - Interrupting
 - Denying
 - Ignoring

- ❖ **Three ways to roll with resistance:**
 - Provide reflections
 - *"You don't think abstinence will work for you right now."*
 - Shift focus
 - *"You're right...we are not ready to talk about reducing your marijuana use. We were still focused on your concerns about school."*
 - Reframe
 - *"It sounds like your wife brings up your drinking because she is concerned about you."*

Source: TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment (see TIP 35 for detailed examples).