

Change and Resistance to Change

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Our Outline

- Understanding resistance
- Our part in resistance
- Minimizing resistance
- What to do when it happens

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We all change when...

- we want to, when it matters
- we know how
- we believe we can

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What does resistance look like?

- “yes, but...”
- “Well, I guess I could try.”
- Patient has not done what they had agreed to
- The patient does not return for a scheduled visit
- Body language

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What is resistance?

Resistance is what happens when we expect or push for a change when our patients are not ready for that change. It's not something that exists in people in a static sense. It arises as a normal, expected product of the interaction.

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Internal resistance (ambivalence)

Conflict between two parts of a person over a proposed change.

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Humans resist when

- We feel we are not in control
- We believe we do not have choice
- We don't know what is going on

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Our role in resistance

- **The Righting Reflex**
- Knowledge of long term health consequences
- Picking up patient's anxiety or urgency
- Investment in being successful
- Pressure from others

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Minimizing resistance

- **Promote choice and control**
- **Roll with resistance**
- Questioning style
- Affirm and Reflect
- Track readiness
- Provide advice respectfully

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Promoting choice and control

- Let clients choose what to work on
- Ask permission before offering advice or information.
- Suggest experiments

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“and” vs. “but”

Why?

What?
&
How?

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ROLLING WITH RESISTANCE: First response

- Express empathy
- Reflect ambivalence
- Acknowledge resistance
- Support choice

What to do when resistance arises

- 1) State what you see/hear
- 2) Acknowledge the resistance
- 3) Shift back in your chair & breathe
- 4) Offer to let go
- 5) Invite working together

Practice rolling with resistance



- Notice resistance
- Choose one response to practice
- Go back and practice this over and over

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