

Counseling Tips for Nutrition Therapists

Tip #9 Dealing With Resistance

*Integrity is when what you do, who you are,
what you say, what you feel, and what you
think all come from the same place.*

Madelyn Griffith Haney

Susan Krems, RD, of Denver, asked for ideas on holding clients accountable. This got me thinking. Accountability means a willingness to accept responsibility for one's actions. The old term, still used by many doctors, is compliance. Indeed, it is frustrating when our clients do not appear to accept responsibility for their behaviors or do just the opposite of what we know is good for them.

It may be helpful to look at the issue from the perspective of resistance.

What does resistance sound and look like?

- “Yes, but...”
- “Well, I guess I could try.”
- The client returns for the next visit and has not done what you thought he had agreed to.
- The client does not return for a scheduled visit.
- Body language that looks like reluctance.

Resistance is what happens when we expect or push for change when the client is not ready for that change. Resistance is not something that exists in clients in a static sense. It arises as a normal, expected product of the interaction. When resistance emerges, there always are good reasons the client is not ready to change in the way we are asking. The reasons may not be clear to us or to the client, but they exist. Ignoring them gets us nowhere.

Ways to lessen the chances of eliciting resistance:

When we **emphasize personal choice and control**, resistance will be minimized.

Examples:

When you work with bulimics to brainstorm other ways to cope with strong emotions, urging them to include bingeing and purging as **one of the options** demonstrates their degree of choice.

When a client wants to pursue a behavior you do not believe will work or disapprove of, before giving your opinion, begin with: “That is one of **your choices**.”

I often use this approach when clients are berating themselves. I don't believe self-criticism helps at all, but arguing with clients tends to bring up resistance. I begin with, “**You can choose** to call yourself those names and focus on what you dislike about yourself. Does it lead to the results you want? If not, would you be interested in other ways to talk to yourself?”

When addressing the lack of a change you expected, be willing to look at what happened **without judgment**: “Oh, that's interesting! I wonder how that came about.”

Our clients' behaviors are indeed much more in their control than in ours, so it makes sense to acknowledge this out loud and get back to what we *can* do to help them reach their goals. Unless they have contracted with you to be their food police and follow them around all day, leave them with the choice and control and stay in a consultant role.

Another important strategy is to **track closely a client's readiness** and check in along the way. (See Tip #7.) Carefully exploring how important the change is to her and her confidence in doing it can save time and aggravation later.

Approaching each possible **behavior change as an experiment** (see Tip #3) can lessen the chance that resistance will emerge. When you take that approach, clients are only accountable to you to run the experiment. You are not asking them to commit to the change forever.

How to respond once resistance surfaces:

The general approach that works here is to **back off and come alongside** your client. The sooner you catch it and respond by backing off, the sooner you and your client can get back to work. As long as you push when resistance is present, the work will get nowhere.

This may sound like:

- “I can tell I’ve gotten us off track here. Can you help me review what is important to you right now?” (Going back to checking on importance and meaning.)
- “I agree. There’s no point in trying something that’s not going to work.” (Mirroring client’s low confidence to change.)
- “I see, you really do hate gyms. Since you would like to be more active, would you like to brainstorm other ideas together?” (Acknowledging the resistance and coming alongside.)
- “I sense you aren’t ready to work on this right now. That’s fine with me. This is your session.” (Emphasizing personal choice and control.)
- “Thanks for reminding me that we need to do this in ways that will work for you.” (Implying choice and control)

Some thoughts about eating disorders:

With eating disorders, the **ambivalence about change** is often deeper, and more subconscious than with medical nutrition therapy clients. There may be significant medical consequences of the clients’ choices, so we and their families feel a strong temptation to push. Control issues often are a central theme in the psychological picture of an eating disorder. It’s clear why resistance can be powerful.

Working with this population demands that we **pay careful attention** to not provoking resistance. No matter what we do, it will still come up. We will be most effective if we clearly acknowledge resistance as soon as it comes up and then work with it. Fighting an eating disorder head-on always leads to failure. Finding ways to come alongside eating-disorder clients is one of the most challenging and gratifying aspects of the work.

When resistance doesn’t surface:

There may be a few clients for whom **plain old accountability** really works. These tend to be the clients who are clear about the importance of change, and have confidence. They just need input on how to accomplish it. All they need is someone to report to and help with making plans for the next step. After a while, the changes become habit and they end with you. Boy, those clients are great, and every now and then, we get lucky and one walks in.