

MI TRAPS AND TECHNIQUES

Recognizing and Working with Counter-Motivation (AKA Resistance)

Much of the focus in the Motivational Interviewing model is on working with clients' counter-motivations; that is, any motivations that lead individuals away from a decrease in substance-related problems or other problematic behaviors. Although these behaviors have traditionally been referred to as resistance, some counselors familiar with the MI model prefer the term counter-motivation. This seems more fitting with the MI model, for a few reasons. First, "resistance" is perhaps just one type of counter-motivation. In fact, there are many reasons why a person might choose to continue using substances or engaging in other problematic behaviors, including hopelessness, low self-efficacy, excitement about parts of the lifestyle surrounding the problematic behaviors, and so on. Second, the term "resistance" seems to have a pejorative quality to it, as if the individual is refusing to do "what is best" for himself or herself in an intentional, stubborn manner. Labeling counter-motivations as "resistance" may tend to promote urges on the part of the counselor to confront or argue with the client about the client's "resistance," when an approach that is more consistent with MI might be for the counselor to take these other motivations as serious viewpoints or alternatives for the client to fully consider and to approach this consideration in a non-threatening manner.

Signs of client counter-motivation might include interrupting, ignoring, arguing, denying, talking about seemingly unimportant matters, daydreaming, reminiscing, "wondering aloud" and so on. If you see these behaviors in your client, consider them a cue to check your own current behaviors, plans, and expectations. Have you moved ahead to working toward the implementation of change plans without first checking the client's level of readiness? If so, you may be in a "trap," or inducing the client to argue, interrupt you, deny the problem, or ignore you. These are signs that the client is not feeling heard, respected, or taken seriously, or that the client is simply not yet ready to consider implementing what may seem to you like an obviously needed change in behavior.

Using the MI approach, when a counselor notices counter-motivations in a client, he or she attempts to first avoid avoid certain "traps," then help the client consider change by using certain therapeutic strategies. Below is brief coverage of some of these traps and strategies. They are covered in greater detail in the Motivational Interviewing book.

Traps to Avoid

Question/Answer Trap

In this "trap" the counselor and client fall into a pattern of question/answer, question/answer, and so on. The problem with this pattern is that it tends to elicit passivity and closes off access to deeper levels of experience. Thus, clients are not encouraged to explore issues in depth, and the client-counselor relationship becomes increasingly hierarchical.

Confrontation/Denial Trap

Most counselors have had the experience of interviewing a client who is not yet ready to change, and who provides a reasonable argument in response to every statement the counselor makes. The counselor and client then engage in an argumentative, confrontation/denial trap, in which the client counters each argument for change with an argument for remaining the same. An example of a mild confrontation/denial trap is illustrated in the following conversation:

Dr.: Have you thought about trying to lose weight so your blood pressure comes down?

Pt.: Well yes, but it's not so easy, and I must say, I really like my food.

Dr.: But it's not a matter of depriving yourself of food. You just need to eat different, healthier foods, if you see what I mean.

Pt.: Yes, I know, I did try to eat less meat and more fruit and that sort of thing, but I never keep going for too long. I always have these binges when I break all my rules, and I just get fat.

Dr.: What about...?

Pt.: Yes, but....

(From Rollnick, Heather, & Bell, 1992, p. 25-26)

One of the benefits to the counselor of adapting a motivational approach is the avoidance of such discouraging interchanges. Rather than engaging in futile attempts to convince the client to change, the MI approach encourages the client to voice the reasons for change, with just a little questioning and guidance supplied by the therapist. Remember that if a person feels backed into a corner, or one point of

view, the person will usually defend that point of view more strongly. If you leave your client with no other option than to argue with you, that is what you will get. MI-style approaches may help the client and the counselor avoid the inevitable frustration of two people working at odds.

Expert Trap

In the "expert trap," counselors fall into providing direction to the client without first helping the client to determine his or her own goals, direction and plans. The problem with this approach is that clients may tend to passively accept the counselor's suggestions, and may only halfheartedly commit to the difficult work involved in changing. A counselor using the MI approach is not non-directive, that is, he or she *will* offer suggestions for change. However, this is done after the client's motivation is high, after initial exploration of multiple pathways to change, and only upon client's request, or when the counselor perceives that the client is in immediate danger if not given advice.

Labeling Trap

The labeling trap happens when a counselor attempts to convince a client that he or she is an "alcoholic," "addict," or some other label. As Miller and Rollnick state, "because such labels often carry a certain stigma in the public mind, it is not surprising that people with reasonable self-esteem resist them" (1992, p. 68). They also point out that "the Alcoholics Anonymous (AA) philosophy specifically recommends against such labeling of others" (p. 68). Despite this, some counselors believe that clients must accept a label or diagnosis in order to change their behavior. MI theory disagrees with this view, and suggests that counselors de-emphasize labels whenever possible.

Premature Focus Trap

Although the MI does not suggest that counselors simply "follow" the clients' lead as is done in Rogerian or Person-Centered therapy, MI also cautions counselors against focusing too quickly on a specific problem or aspect of a problem. Difficulties with premature focus include raising client resistance and focusing on an unimportant or secondary problem.

Blaming Trap

Clients may wish to blame others for their problems. Counselors may feel compelled to show the client how he or she is at fault for the difficulties encountered. In the MI approach, neither of these urges are seen as useful. Blame is irrelevant. Miller and Rollnick suggest establishing a "no-fault" policy when counseling a person, and commenting, "I'm not interested in looking for who's responsible, but rather what's troubling you, and what you might be able to do about it" (1991, p. 70).

Techniques to Try

The following section focuses on techniques for counselors to try in order to reduce client resistance once it occurs. ***This section was adapted from the NIAAA Project MATCH Motivational Enhancement Therapy manual (Miller, Zweben, DiClemente, & Rychtarik, 1992).***

Simple Reflection

One way to reduce resistance is simply to repeat or rephrase what the client has said. This communicates that you have heard the person, and that it is not your intention to get into an argument with the person.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: Quitting drinking seems nearly impossible because you spend so much time with others who drink.

Client: Right, although maybe I should.

Amplified Reflection

This is similar to a simple reflection, only the counselor amplifies or exaggerates the point to the point where the client may disavow or disagree with it. It is important that the counselor not overdo it, because if the client feels mocked or patronized, he or she is likely to respond with anger.

Client: But I can't quit using. I mean, all of my friends use!

Counselor: Oh, I see. So you really couldn't quit using because then you'd be too different to fit in with your friends.

Client: Well, that would make me different from them, although they might not really care as long as I didn't try to get them to quit.

Double-sided Reflection

With a double-sided reflection, the counselor reflects both the current, resistant statement, and a previous, contradictory statement that the client has made.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: You can't imagine how you could not drink with your friends, and at the same time you're worried about how it's affecting you.

Client: Yes. I guess I have mixed feelings.

Shifting Focus

Another way to reduce resistance is simply to shift topics. It is often not motivational to address resistant or counter-motivational statements, and counseling goals are better achieved by simply not responding to the resistant statement.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: You're getting way ahead of things here. I'm not talking about your quitting drinking here, and I don't think you should get stuck on that concern right now. Let's just stay with what we're doing here - talking through the issues - and later on we can worry about what, if anything, you want to do about it.

Client: Well I just wanted you to know.

Rolling with Resistance

Resistance can also be met by rolling with it instead of opposing it. There is a paradoxical element in this, which often will bring the client back to a balanced or opposite perspective. This strategy can be particularly useful with clients who present in a highly oppositional manner and who seem to reject every idea or suggestion.

Client: But I can't quit using. I mean, all of my friends use!

Counselor: And it may very well be that when we're through, you'll decide that it's worth it to keep on drinking as you have been. It may be too difficult to make a change. That will be up to you.

Client: Okay.

Reframing

Reframing is a strategy in which you invite clients to examine their perceptions in a new light or a reorganized form. In this way, new meaning is given to what has been said. For example, if a client reports a spouse or loved one as saying, "You really need to get in treatment and deal with these problems," the client may view this as "she's such a nag" or "he is always telling me what to do." The counselor can reframe this as "this person must care a lot about you to tell you something he (or she) feels is important to you, knowing that you will likely get angry with him (or her)."

Reframing can also be used to discuss the issue of tolerance. Clients may report that they are especially good at holding their liquor, or may view their substance use as non-problematic because they don't "even really get high anymore." This gives the counselor the opportunity to discuss notions about tolerance, and reframe it to the client as not having a built-in warning system to indicate when he or she has "had enough." Thus, what originally appears to support the concept that there is no problem ("I can hold it") now supports the concept that there may be a problem ("I'm at risk for overdoing it without knowing it until it's too late").

Other Techniques

The Miller and Rollnick book addresses counter-motivations with a number of other techniques, including "*Agreement with a Twist*," "*Emphasizing Personal Choice and Control*," and "*Siding with the Negative*." Other Phase I techniques they explore include *Decisional Balance* exercises, *Looking Forward* and *Looking Back*, *Exploring Goals*, and *Using Extremes*. All of these techniques serve the purposes of reducing counter-motivation and increasing motivation to change. The intended outcome of these techniques is to move the person toward making a commitment to change.

Source: TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment. CSAT 2000. Available at: <http://www.health.org/govpubs/bkd342/>