

# The Difficult & Resistant Client Playbook

A quick-reference companion for matching the resistance in front of you to an approach that works, plus an MI/OARS card and group-therapy strategies.

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## WHY IT MATTERS

Across 669 studies and 83,834 clients, roughly **one in five (19.7%)** drop out of therapy before finishing. Resistance you can name and respond to is resistance less likely to end in a silent dropout.

## Match the resistance to the approach

Presentation	What's usually underneath	First move
<b>Reluctant / mandated</b>	Feels coerced; protecting autonomy. Perceived coercion, not the mandate itself, predicts a weak alliance.	Normalize reluctance, offer real choices, build rapport before depth.
<b>Reactive</b>	Defends against change; disputes interpretations.	Validate the perspective, use MI, assess Stage of Change.
<b>Silent / withdrawn</b>	Anxiety, overwhelm, no words for it yet.	Find the root of the silence; offer writing, art, or metaphor.
<b>Premature terminator</b>	Fear of vulnerability as material deepens.	Name discomfort as part of growth; set small goals.
<b>Intellectualizing</b>	Rationalizing to avoid feeling.	Redirect from abstract to felt; ground in the body.
<b>Crisis-only</b>	Engages only in acute distress.	Validate the crisis, then name the recurring pattern.
<b>People-pleasing</b>	Fears disappointing the therapist.	Make honesty safer than the "right" answer.
<b>Therapy-hopping</b>	Leaves when work gets hard; avoids being seen.	Explore history; build tolerance for depth and commitment.
<b>Overly talkative</b>	Fills the hour with fast, surface-level talk; topic-jumping.	Slow the pace; reflect the pattern; protect depth over coverage.

A note on "manipulative" clients: behaviour that reads as manipulative, guilt, flattery, or boundary-testing, is almost always one of the patterns above doing its job of self-protection. Name the behaviour, not the person.

## Questions that open a resistant client up

- "I noticed you didn't get to the thing we discussed. What was that like for you?"
- "I'm wondering what makes this so difficult to discuss?"
- "If therapy went well, what would be different three months from now?"

- "What would need to change for this to feel worth your time?"

## MI & OARS quick reference

Motivational Interviewing works *with* ambivalence and autonomy rather than against it. The stance is "roll with resistance," not confront it.

### O — Open-ended questions

Invite the client to do the talking and the meaning-making, not to answer yes/no.

### A — Affirmations

Name genuine strengths and effort. Reinforces autonomy and reduces defensiveness.

### R — Reflective listening

Mirror back feeling and content so the client feels understood before being moved.

### S — Summarizing

Gather the thread, highlight change talk, and hand it back to the client.

## Stages of Change (Prochaska & DiClemente)

Precontemplation, Contemplation (ambivalence lives here), Preparation, Action, Maintenance. A "resistant" client is often a precontemplator being met with an action-stage intervention. Meet the stage they're in.

## When it's a group

In the room	Targeted response
<b>The silent observer</b>	Gentle invitation; small participation; pair with an active member.
<b>The latecomer</b>	Name the pattern honestly; invite group reflection; reinforce norms.
<b>The dominator</b>	Redirect to quieter members; use a talking object; check in privately.
<b>The confrontational client</b>	Validate emotion without joining the conflict; set firm boundaries.
<b>The overly analytical client</b>	Refocus on personal reflection; invite peer input.
<b>The resistant client</b>	Acknowledge frustration; avoid power struggles; allow their own pace.

### THE EARLY SIGNAL

Repairing an alliance rupture when it happens is linked to better outcomes. Resistance is often the first sign a rupture is forming, so catching it early is worth a great deal. Mentalyc's Alliance Genie surfaces those alliance strains from your notes, so you see them before they cost you the client.

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*All clinical examples in the companion article are fictional or de-identified, for informational purposes only. Sources: Swift & Greenberg (2012); Eubanks, Muran & Safran (2018); Hachtel et al. (2019); Prochaska, DiClemente & Norcross (1992).*