

ENGAGING THE PERSON WHO DOESN'T WANT TO CHANGE

(... OR TIPS TO PREVENT YOU FROM PULLING YOUR HAIR OUT IN DEALING WITH YOUR LOVED ONE)

Persons who don't want treatment are often the most difficult and frustrating to deal with. They are labeled as "resistant" or "in denial," however such labels only serve to distance ourselves from the person. If I call you, "resistant," what I really mean is "when you don't do what I want you to do."

A better way to view such persons is that they are in the "precontemplation" phase of change – they don't think that any change is necessary. For persons with psychotic illnesses, the term "anosognosia" has been coined to describe the impaired insight that can be seen in brain scans of the frontal lobes of the brain. But any person, not just those with psychosis, can be in this phase.

To engage persons in precontemplation, a different approach is necessary. A strengths based model views all persons as motivated. Our challenge is to identify just what is motivating the person – in this case what motivates them not to change. Then, our task is to engender motivation toward desired outcomes. This calls for us to take a collaborative approach with the person, respecting their right to make choices, while encouraging positive change.

THE FOLLOWING STRATEGIES ARE THE MOST EFFECTIVE TO TRY TO ENGAGE THE DIFFICULT PERSON:

1. IDENTIFY THEIR GOALS

- ✓ Engage in conversation to identify personal goals
- ✓ Use "back doors" – identify interests, hobbies, admired qualities in others – when persons say "I don't have any goals"
- ✓ Break down seemingly large or unrealistic goals into small steps
- ✓ Link any intervention to the expressed goals

2. MIRROR BACK TO THE PERSON

- ✓ Reflect back to the person the behaviors or feelings you observe
- ✓ Don't place labels or judgments on the person
- ✓ Refrain from suggesting treatment as a way to fix these problems
- ✓ Later, if the person agrees, explore non-treatment coping options before treatment options

3. REINFORCE, REINFORCE, REINFORCE

- ✓ Never underestimate the power of encouragement in fostering hope
- ✓ See the 1/10th of the glass that is full and reinforce it
- ✓ Look for small or everyday behaviors to reinforce
- ✓ Only reinforce a behavior if you want it to continue
- ✓ This doesn't mean "walk on eggshells." Provide specific criticism when warranted

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**THE FOLLOWING STRATEGIES ARE THOSE THAT YOU MUST ALSO DO FOR ANY OF THIS TO WORK...
AND TO PREVENT YOU FROM PULLING YOUR HAIR OUT:**

1. KNOW YOUR LIMITS & RESPECT THEM

- ✓ Doing all the right things is no guarantee
- ✓ Recognize that there are limits to what you can do for the person
- ✓ Recognize that sometimes it may not matter what you say or how you say it
- ✓ Sometimes the distance from which you love may need to be greater than feels good
- ✓ Know that you model responsibility when you do this

2. KNOW YOUR VALUES & RESPECT THEM

- ✓ Ultimately, your family must make the decisions regarding your relative
- ✓ Make decisions that reflect your family values
- ✓ Recognize that there may be no “right” decision, only one that seems to work best for your situation given the information you have at the present time
- ✓ Make an ultimatum only if you are willing to back it up

3. KEEP YOURSELF & YOUR FAMILY STRONG

- ✓ As “thanks” for your efforts, caregivers are at an increased risk for all stress related physical disorders, depressive and anxiety disorders, and substance abuse
- ✓ Think of yourself as a “triathlete” in your caregiving role → Triathletes take in 7,000 calories during the course of a race; they can’t wait until it’s finished. Caregivers need to take in emotional sustenance
- ✓ Utilize personal supports – friends, family, church, exercise, etc. to keep yourself healthy. Not doing so only leads to having multiple family members who are disabled
- ✓ Utilize professional supports – NAMI, books and classes, knowledgeable professionals to aid in understanding
- ✓ Engaging in these activities models healthy coping for your loved one