

## Overcoming resistive behavior by letting it be their idea!

by  
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Some individuals are dependent on others to assist them to focus, but may be reactive against prompting, correction or any sense of failure to meet expectations. In situations where the individual who is prompt dependent is responding to step-by-step, one-on-one guidance it is only necessary to approach him/her with clear expectations at his/her immediate level of need.

Some individuals may respond to any suggestion with an immediate “no.” (Even if the suggestion is to do something they always like doing once they finally become involved.) To avoid resistant reactions, they have to spontaneously come at things on their own initiative and from their own point of view.

In situations where the individual who is prompt dependent is showing increasingly resistive behavior it may be best to try to approach them at their level of spontaneous, natural ability. Appeal to their curiosity. **Whenever they show resistive or angry reactions try to get any idea that is being offered to become their own idea. First get the idea into their mind. Once it is in their mind, then agree with them going in their own direction.** (I call this using “following guidance.”)

For a person who is resistant when “challenged” but is curious and able to come at some things in a spontaneous manner, the goal is to try to get desired actions to become “their own idea.” A useful metaphor is to “go with the flow” and to “ready the person to be ready” to respond. However it works for them is the right way to work with them.

This way, instead of feeling like you are “walking in a minefield” trying not set off resistive behavior, you become involved in “clearing the mines” so that you manoeuvre the person onto a well defined path to responsive interaction.

*The meaning of “manoeuvring”: In this approach you are giving the person the idea to do what they would actually wish to do. You are giving the person the idea to do what is in their own best interest, and which they would choose to do (if they did not have such an immediate negative reaction to external prompting.)*

The idea with all of these approaches to persons who are frequently resistive is to enable the individuals to remain positively focused on, attached to and initially dependent upon their care providers. Initially, try to create a dependent relationship where they are happily “following” the constant lead of their care providers.

To overcome frequent resistance, the goal is to establish peaceful coexistence and trusting dependence on their care providers in a safe, supportive relationship.

Here are some non-verbal methods for setting up a positive behavioral momentum by “priming the pump.” Some of these may not be personally relevant to the individual you are supporting, but all have been helpful to certain individuals.

- Get the action started in an “accidental” manner with room for the individual to “correct” his/her caregivers “accident.” Always have a physical prop that will cue and stimulate the desired action.

For example: If the person would be reactive against being told to get her coat, you might “accidentally” hand her the wrong coat and walk out. This way leaves space for her to tell you “that is not my coat,” and she might get her own and follow.

For example: If the person would be reactive against being directly given something to work with, you might “accidentally” drop the item and then ask him for help to pick it up. Once it is in his own hand it might occur to him to want to do something with the object

For example: Hand the person a picture of an activity that he/she might object to if verbally asked to participate.

For example: If the person would be reactive against being asked to come do something, you might show him a videotape of himself doing that activity at some earlier time. This could allow the idea to be his own idea to go do it again right now!

For example: If the person would be resistive to some new experience, don’t set her up to be anxious. Just do it by having some co-incidental idea. You may have “accidentally” forgotten to drop off a key or something to a person in the new location. Ask her to carry this for you to be a help to you. Once you get there, have arranged for the new location to have what you know is one of her favourite foods or drinks waiting for her. This may help her desensitize to the unexpected-novel setting.

For example: For some people it helps to put the idea on a list or a time schedule and walk away without saying a thing. When they look at the list it becomes their idea to remind their caregiver about what is supposed to be happening right now.

Here are some verbal methods for setting up a positive behavioral momentum by “priming the pump.”

For example: Ask the individual questions that you know she knows the right answer to, and that you know she will probably want to give you. “Do you want to pour the milk to go with the cookies?”

For example: If the person would be resistive against having his hand held to keep him alongside, perhaps he will “help you” if you ask him to hold your hand so that you don’t fall on an uneven surface.

- Think of building up behavioral momentum in an indirect manner:

For example: It may be useful to use the indirect method of talking to someone in the room next to where they are (or into the telephone) about what you want to do next. Let them “overhear it in the atmosphere.” Then when you bring it up to them they may be agreeable.

For example: It may be useful to sing a “work song” such as “This is the way we brush our teeth, brush our teeth, brush our teeth. This is the way we brush our teeth so early in the morning.”

- Take the demand aspects of the task away. Think of yourself as an emotional surfboard. Keep them afloat on your back. You are the anchor. When the person is connected to you, you can simply begin doing something and ask them to watch.

For example: If the person is likely to be resistive you might take him/her entirely off the hook. Ask them to watch and “make sure I don’t miss anything.” Then miss something by “accident” so that they can tell or show you how to “fix it.”

For example: Use backward chaining and only expect them to help you hold on to one part of the task; or assist care provider on the very last, simple step, then it is done!

Overcome resistance by making things predictable:

Most individuals who are resistive are aware at a higher level than they can independently function. They are “smarter than they can independently be.” This is quite common in persons affected by fetal exposure to alcohol.

Develop routines that can be predictably followed. Routines assist them to be “smart” and to have certainty about exactly what is expected. Care providers need to be certain ahead of time about what you realistically expect from them. Be certain ahead of time that what you expect is achievable within the individual’s current level of ability.

Most individuals who are resistive-dependent like to do many things, but are unable to organize their own behavior. How then to “plug them in and turn them on” so that they are consistently able to engage with their care providers?

Make a list of all the repetitive tasks enjoyed by the individual you are supporting. To develop positive behavioral momentum and predictable

responsiveness, any of these could be organized and offered to the person on a frequent basis.

The goal is to establish a consistent response with the supported individual looking to his/her care provider to give him/her positive direction to do his own desired activities. Once trust in this is developed, then it should be possible to systematically use the directions (or in-directions) to do these activities as a way of predictably diverting the supported individual's resistive behaviors.

For anyone who engages in extreme, escalating behavioral episodes there needs to be a ritualistic answer to the question: "What to do when you don't know what to do?"

The generic answer is to make it a safe, accepting place to be.

Drop demand for immediate action

Drop cognitive demands

Increase sensory interaction and emotional feedback

Lower your voice, slow your pace of speech, say less, and hum a tune

Self-calm, say familiar things, shift mental and emotional gears.

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