

Worksheet 8.5: When the carers face unexpected resistance

Carers often leave the session feeling that they can go home and apply these techniques straight away, only to find they are up against unexpected resistance from Edi. It can be useful to discuss this within the group setting. Contingency planning here is crucial.

Consider this scenario as a group:

Scenario

Dad Paul describes his conundrum to the group:

We have today discovered again that our daughter Julie has been restricting her lunch intake for the last several weeks – we suspected this was happening but every time we have asked she has basically lied to us – or the illness has lied. Using the language and techniques we have learned in the previous lessons is really quite difficult. I don't know where to start with this. I was all prepared to look at the coaching for change but then see in big letters – they must be ready to change. It is obvious that Julie isn't ready to change just yet.

Would you suggest using OARs in this situation?

I also need to have a chat with the Doctor as Julie has asked that he doesn't discuss this with us, yet she has apparently told him that she has been restricting – was I correct in thinking that we could ask him to ensure that there is no medical risk and that he should be monitoring this?

The original agreement with Julie was that we trusted her to eat or her attendance at the stables would have to be withdrawn but it seems that the approach we need to take now would suggest that we don't withdraw this but try through language to show acceptance of her difficulties and to try and reach an understanding without it erupting into a massive argument. Is this right?

This is a situation that occurs in many families. Lapses, relapses and setbacks are a normal part of the recovery process, remember the rollercoaster analogy. As a group think about which of the skills you have learnt that might be useful in this situation.

Some ideas:

- Externalise the illness and remember the St Bernard analogy.
- Remember that this is not Julie, it is her illness. You can maintain a positive, warm, calm and patient loving relationship with Edi while being calm firm and boundaried with her illness.

- OARS, DEARS, LESS is more and ALVS can be used in any situation, wherever Edi is in the cycle of change. Through these communication techniques the you can try to show Edi that you really want to help and understand more about the challenges she is facing. For example:

Julie, we love you unconditionally, we have agreed that you will stick with your meal plan and we can see that you are restricting and unable to stick to your meal plan right now. As your parents, we have a duty to look after your nutritional safety and monitor your medical risk. If those are slipping, then you know that means we have to reconsider if you are fit to go to the stables. We want you to be able to go to the stables and we know how much you get out of going to the stables. We want to help you, so you will need to help us understand what is making it difficult for you to stick to the agreed plan. You are such a determined brave person and we believe you can beat this illness. Let us help you. Tell us what we could do differently that would be helpful.

- Keep an eye on medical risk and keep communication lines with the GP open. You can keep re-iterating your unconditional love balanced with your duty to keep Edi safe, as well as your willingness to make changes yourself.
- Remember to role model self-care: Throughout the course and practice sessions you need to remind yourself to put on your own oxygen mask first. If the you are not looking after yourself how can you expect your loved one to self-care?

Resistance is common within the recovery process. The more you can practice the communication techniques you have learnt the more skilled you will become at side stepping resistance and responding in a calm and motivational way.