

How you give choices and ask questions makes a difference
by
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There are subtle aspects about how we verbally interact with persons with disabilities that sometimes makes a great difference in their ability to respond.

Some people will refuse any option or choice that was not their own idea. An individual may say “no” to any option suggested to them because they feel like they are not being given a real choice.

A. If this is the case it may be best to offer an “open-ended” choice: “What do you want to do?” The person is offered the choice to come up with his or her own option.

For some people this is the perfect way to offer a choice. It gives them a sense of being in control, being responsible and being expected to think and decide for themselves.

For some people, who interpret language literally, offering “open-ended” choice (“What do you want to do?”) may be interpreted by them as licence and permission to do anything that comes into their mind at that moment. They may not understand that the question was a request for them to state their preferences, rather than an obligation assumed by their caregiver to immediately do whatever was requested.

They may become quite angry that the choice they made (now it is in their mind) is not able to happen at the immediate moment that they make it.

For other people, “open ended” choices cause them great anxiety. They may have no idea what is expected of them. They may have no idea of their own about what they want to do. They may be unable to sort out their own confusion or conflict about what they want to do.

If this is the case the person may become unable to orient, may “freeze”, become agitated, angry or aggressive towards the person who has asked a question or given a choice in this “open-ended” manner. The person experiences this type of question as “pressure”.

If you see that a person interprets open-ended choices in a manner that results in conflict and frustration it may be better to offer “forced-choice” or “closed choice” type questions where the caregiver defines the context. That way “the customer is always right” and can pick either choice and have whichever one they ask for.

B. It sometimes is best to offer a person a choice between two options in the form of a “forced choice”: “Do you want to do this or that?” When two options are offered the answer may be either.

For some people this is the perfect way to offer choices or questions. The options are defined by the question. The person only needs to recognize which is their preferred option. Whichever option the person chooses will be the “right” choice. For the person who is capable of coming up with their own alternative, this approach still leaves them with the option to self-initiate: “I’d rather do something else.”

For some people, forced choices may cause them great anxiety. They may not know which choice they want, or they may want both choices and be unable to resolve their own conflict.

C. It is better to use “closed”, single-option questions and choices for people with difficulty resolving conflict, (*who are unable to recognize what they want, or who are unwilling to make the “wrong” choice*).

With a “closed” choice only one option is offered. The caregiver defines the context: “Do you want to?” The answer is “yes” or “no”.

For some people this is a perfect way to assist them to focus on the option that is available. There are no further concerns. For the person who is capable of coming up with their own alternative, this approach still leaves them with the option to self-initiate: “I’d rather do something else.”

For some people this type of question or choice will always be answered with a “No!” This can lead to attempts by caregivers to attempt to persuade, bargain with or confront the person. Their “automatic no” may be an answer that serves several purposes:

If you state the question in this manner you imply that person has the option to say no. Having the control and being able to say “no” may be more important to the person than doing the offered activity.

If you do not mean to accept whatever answer the person is going to give, don’t ask in this format.

If the person doesn’t know what they want to do, giving an automatic “no” may just be a statement about their own uncertainty.

If this seems to be the issue it often helps to “talk to the atmosphere” before you offer the choice or question to the person. This means to “talk out loud” to yourself about the options you are thinking of offering. State the positives and negatives that could go through one’s mind before making the choice. Then turn to the person and ask this question. You will have already stated and resolved the uncertainties. The

person will be aware of the “right answers” and only have to recognize which of these are relevant to themselves at the moment. This makes it easier for them to be certain about whether they actually want to say “yes” or “no”.

If the person has language processing problems or does not know exactly what you mean, the automatic “no” protects the person from getting into something that may be unwanted. The automatic “no” also gives the person time to think.

If this is the issue, often the person will come along or participate if you simply start doing the activity yourself. The “choice” is offered non-verbally, through your own actions. The person’s “decision” is made by whether or not they participate.

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