ENGAGING THE DIFFICULT CLIENT

Janine Perazzo, LCSW
March 26, 2014
OVERVIEW

- Reality of the environment in which we work
- Why are people difficult?
- Strengths
- Stages of Change
- Goals
- Family and culture
REALITY OF THE WORK THAT WE DO?

- Large caseloads
- Documentation, Documentation, Documentation
- We are often asked to do more with less
- There are not enough hours in the day
WHY ARE CLIENTS DIFFICULT?

- Fear
- Lack of perceived options
- Cultural and value difference
- Over-reaction
- Impairment (Mental Illness, Medical Condition, Dementia, etc)
- Disposition
THINGS TO REMEMBER...

- Do not take it personally
- Try to leave emotion out of it
- Respond defensively
- Do not talk down or patronize the person

These are important especially if you have to confront the client
How can I be of help?

versus

Tell me what is wrong?
RECOGNIZING YOUR CLIENTS’ STRENGTHS

- Finding hidden strengths in your client is an opportunity to shift your perspective.
- Look for the positive, especially when only the negative may be apparent.
- You can help them begin shifting their own self-concept.
- You can also shift your perspective of how you view your client.
ACTIVITY: FINDING HIDDEN STRENGTHS

- Think of a client who is very difficult for you to work with. List two or three of his/her negative qualities...
- Now take these same qualities, and try to think of them positively.
EXAMPLE:

Negative Quality

- Quiet

Reframed Quality

- Observer, notices a lot about other people, figures things out for herself
**EXAMPLE:**

<table>
<thead>
<tr>
<th>Negative Quality</th>
<th>Reframed Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manipulative</td>
<td>Knows how to get what he/she needs, understands what motivates people, very resilient, won’t be victimized, strong, can get the job done</td>
</tr>
</tbody>
</table>
WHO WOULD YOU RATHER BE WORKING WITH?
USING THE KEY IDEAS IN THE STRENGTH-BASED MODEL MEANS:

- Recognizing that people who are successful in living, use their strengths to attain their aspirations and goals
- Exploring and respecting the individual/family’s abilities, beliefs, values, support systems, goals, achievements, and resources
- Identifying, using, building upon and reinforcing inherent strengths of the individual/family. All key supporters who are willing can be brought into this process.
- Limiting the impact of societal problems, family dysfunction and individual disease by using the individual/family’s strengths to build new coping skills, new interests, community involvement, etc. (recovery capital, protective resilience factors)
- Puts the service user at the center and focuses interventions not just for the individual but also about how to improve availability, access and adaptation of resources in the community.
AREAS TO EXPLORE IN STRENGTHS-BASED WORK:

- Personal Strengths
- Interests and Activities
- Living Environment
- Employment
- Learning
- Trauma
- Safety and Legal Issues
- Financial
- Choice-Making
- Transportation
- Faith and Spirituality
- Relationships and Important People
- Hopes and Dreams
Individuals may have lost sight of their gifts and talents through years of struggles with their illness and recovery.
BUILDING RESILIENCE BY FINDING STRENGTHS IN STRUGGLES

“Sometimes the process of struggling helps us discover and develop strengths inside of us we didn’t know we had, receive gifts from our wounds, and figure out what’s really important in life.“

-Mark Ragins, MD
EMPOWERING AND MOTIVATING CLIENTS

- Changing old habits and forming new ones takes time and practice
- People make behavior changes only when they are ready to do so
- Everyone approaches change differently.
WE CAN DO THIS BY UTILIZING MOTIVATIONAL INTERVIEWING TECHNIQUES
Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counselling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

It is primarily used with substance abuse treatment.

More and more literature supports its use throughout healthcare (with medication non-compliance, treatment non-adherence).
STAGES OF CHANGE

1) Pre-contemplation

Participants are not ready to change behaviours and most likely not foreseeable in the next 6 months.

2) Contemplation

Participants are starting to think through and may have set a date to change behaviours. At this stage they are working through Pro’s & Con’s.

3) Preparation

Participants are ready to start taking action. Making small steps towards the change behaviour and seeking support from their network.

4) Action

Participants are into the change and moving ahead with support from their network. They are also removing road blocks and substituting these activities.

5) Maintenance

Change of behaviour has occurred in the past. Participant needs to be aware of the situation that could regress them into old behaviours.
APPLYING THE STAGES OF CHANGE

- Assess and stage clients so you can respond to them in the manner that will promote behavior change
- Evaluate stage of change for each issue that arises
- Tailor your approach and intervention
- Remember it is a process. We often think a client can go from precontemplation to maintenance, which can set the client up to feel inadequate.
- Instead help the client focus on the next stage, not the end goal.
- Taking one step forward and two steps back is normal.
- Change does not happen in a straight line
On a scale of 0 to 10, how IMPORTANT is it for you right now to change?

0___1___2___3___4___5___6___7___8___9___10
Not at all
Important

On a scale of 0 to 10, how CONFIDENT are you that you could make this change?

0___1___2___3___4___5___6___7___8___9___10
Not at all
Confident

Extremely
Important

Extremely
Confident
DREAM TALK AND GOALS

- Even seniors have dreams and visions for what they would like their life to be like
- Don’t always focus on why they are receiving services
- Focus on what they want for their life

My dream is...
CLIENT-CENTERED GOAL SETTING

- It may be important to determine what “stage of change” the client is in.
- Goal statements are usually a short sentence or phrase.
- It briefly describes what the client will be working towards.
- Whenever possible, use the client’s own words or phrases.
SMART GOALS

S | SPECIFIC
WHO, WHAT, WHERE, WHEN, WHY, WHICH
Define the goal as much as possible, with no ambiguous language.
WHO is involved, WHAT do I want to accomplish, WHERE will it be done, WHY am I doing this – reasons, purpose, WHICH constraints and/or requirements do I have?

M | MEASURABLE
FROM and TO
Can you track the progress and measure the outcome?
How much, how many, how will I know when my goal is accomplished?

A | ATTAINABLE
HOW
Is the goal reasonable enough to be accomplished?
How so?
Make sure the goal is not out reach or below standard performance.

R | RELEVANT
WORTHWHILE
Is the goal worthwhile and will it meet your needs?
Is each goal consistent with other goals you have established and fits with your immediate and long term plans?

T | TIMELY
WHEN
Your objective should include a time limit. “I will complete this step by month/day/year.” It will establish a sense of urgency and prompt you to have better time management.
When a client is resistant to treatment or difficult to engage, it can be helpful to talk with them about goals that they might have for their life....goals that have nothing to do with treatment....

Sometimes this can be the hook....your in.
### EXAMPLES

<table>
<thead>
<tr>
<th>Client #1</th>
<th>Goal: See her Granddaughter (who lives 4 hours away)</th>
</tr>
</thead>
<tbody>
<tr>
<td>86 year old woman who will not leave the house to get medical treatment for diabetes.</td>
<td>She might not leave the house for treatment, but can you get her to leave the house to see her granddaughter.</td>
</tr>
<tr>
<td>Next Step:</td>
<td>Tie her medical appointments and side effects to the goal of seeing her granddaughter.</td>
</tr>
</tbody>
</table>

Because she does not get to medical appointments, her blood sugar is not controlled.
ANOTHER WAY IN...

Natural supports - Who the client identifies as family and/or a support.

- If you are able, include the family member and other members of the person’s support network in the process.
- Elicit their feedback
- They are an invaluable resource
ASK, ASK, ASK

- Who is your family?
- Family is not necessarily a blood relative.
- Who do you trust?
- Have you ever been a member of a faith community?
- How do you identify culturally/racially/ethnically?
PAST EXPERIENCE

- Past experience with services (both positive and negative) may impact our clients' ability to understand the process.
- These experiences might cause them to come into this therapeutic relationship with pre-conceived notions and judgment.
- Education and orientation, along with creating opportunity, can go a long way towards facilitating meaningful participation (healing and powerful).
ASK THEM

- What their past experience has been like?
- Find out what they liked about it?
- What didn’t they like about it?
- Ask them what they need?
It’s incredibly natural to try to make something better by trying to fix what is wrong, instead of trying to build on what is right.
QUESTIONS FOR YOU

With time limitations and large caseloads, how will you...

- Assess the client’s strengths, resources, needs, and challenges?
- Begin the conversation about dreams and goals?
- Assess for stage of change?
- Not give up and help the client stay on track to reach his/her goals?
DISCUSSION/QUESTIONS
THANK YOU!