

Created for Thoughtful Engagement

May 2021 Blog 14

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Building a Trusting Relationship with Clients

A Thoughtful Engagement Specialist ® shares this story of building a relationship with an initially reluctant client:

Our journey began a little rocky, as the client is fiercely independent and has difficulty accepting anyone new in her life. However, she allowed me to visit her weekly, and as time passed, she became more comfortable with me. The client shared her life stories while we walked through the places she once frequented with her friends, family, and the love of her life. The client described her exciting adventures with her late husband and the challenges she faced while fighting his illness. The client laughed, smiled, and voiced her fears and her hopes for the future. This experience has not only brought the client tremendous enjoyment, but it has brought the family a sense of serenity. Our adventure together is not about a single event, rather a totality of time and its meaning for the client. For instance, walking along the boardwalk at the beach or smelling the roses brings the client a sense of fulfillment to her life. Although our journey was about building a trusting and sincere relationship, it has also developed into an opportunity for the client to rediscover herself.



This is an excellent example of the importance of relationship building in the work of the Thoughtful Engagement Specialists ®. The Thoughtful Engagement Specialist ® is tasked with creating a relationship first and foremost with the client. This takes precedence over any planned activity. As the activity will not take place if a trusting and caring relationship has not been created. Carl Rogers, a humanistic psychologists, speaks of the need to be warm, genuine and understanding with those we work with (McLeod, 2019). Thoughtful Engagement Specialists ® provide the client with a stabilizing support system and must possess the characteristic traits of being genuine and empathetic.

Brene Brown, a social worker who studies human behavior, shares the difference between sympathy and empathy. She notes that sympathy is feeling sorry for the person and usually starts with a response of “at least”, where empathy asks us to join the person. The genesis of sympathy is feeling uncomfortable and drives the need to fix the situation, due to our own uncomfortable feelings. Empathy gives us the opportunity to join the person. We are not working to fix their situation, but to just “be” with the person. Fixing your loved one's problem is often not what is needed, nor is it necessarily your job or even within your ability to do so. Providing a listening, caring ear is something most people can do. When we feel heard, cared about, and understood, we also feel loved, accepted, and as if we belong (Thieda, 2014).

In *I Thought it Was Just Me (But It Isn't)*(2008), Brown references nursing scholar Theresa Wiseman's four attributes of empathy:

* To be able to see the world as others see it—This requires putting your own "stuff" aside to see the situation through your loved one's eyes.
* To be nonjudgmental—Judgement of another person's situation discounts the experience and is an attempt to protect ourselves from the pain of the situation.
* To understand another person’s feelings—We have to be in touch with our own feelings in order to understand someone else's. Again, this requires putting your own "stuff" aside to focus on your loved one.
* To communicate your understanding of that person’s feelings—Rather than saying, "At least you..." or "It could be worse..." try, "I've been there, and that really hurts," or (to quote an example from Brown), "It sounds like you are in a hard place now. Tell me more about it.” (Thieda, 2014, para 5).

Alzheimer’s Association offers much information on how to communicate with elders, especially those who may be displaying disturbing behaviors or cognitive decline. Disturbing behaviors have been defined by Buettner and Fiztsimmons as apathetic or a lack of interest or motivation, depression, motor restlessness (making repetitive movements), aggressiveness, verbal aggressiveness, or yelling out (2009). Other types of disturbing behaviors could include refusing care, sexual in appropriateness, sundowning, etc. (Buettner and Fitzsimmons, 2009). It is so important to remember that all behavior is communication. Good clear communication is also a requirement in relationship building. There are two parts of communication: speaking and listening. When working with clients, it is important to understand that both parts are necessary, with listening being a top priority. Alzheimer’s Association offers tips on good communication. Although geared towards those with cognitive decline, these tips are for everyone, they include:

* Engage the person in one-on-one conversation in a quiet space that has minimal distractions.
* Speak slowly and clearly.
* Maintain eye contact. ...
* Give the person plenty of time to respond so he or she can think about what to say.
* Be patient and offer reassurance. ...
* Ask one question at a time (Alz.org)

Because the Thoughtful Engagement Specialist ® gave the client the necessary time to adjust to this new relationship, the relationship grew from one that was uncomfortable to one that brought joy and trust.



Resources

Resources are offered for further reading

<https://www.psychologytoday.com/us/blog/partnering-in-mental-health/201408/bren-brown-empathy-vs-sympathy-0>

<https://www.alz.org/help-support/caregiving/daily-care/communications>

<https://brenebrown.com/videos/rsa-short-empathy/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291125/> (Social Relationships: Better with Age)

References

Alzheimer’s Association. (n.d.). Communication and Alzheimer’s. Retrieved from https://www.alz.org/help-support/caregiving/daily-care/communications

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McLeod, S. (2019). Person Centered Therapy. Retrieved from

 <https://www.simplypsychology.org/client-centred-therapy.html>

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