

UNDERSTANDING DIFFICULT CLIENTS AND CAREGIVERS: problems & solutions

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“I DON’T HAVE TIME TO DO PRESSURE RELIEFS.”

“BUT MA’AM, THIS SEAT CUSHION IS GOOD ENOUGH FOR YOUR DAUGHTER.”

“I WON’T GIVE UP ON MY DREAM FOR MY SON TO DRIVE A POWER WHEELCHAIR!”

“I AM NOT GOING TO PAY FOR LABOR FOR THE NEW PARTS... IT CAN’T TAKE THAT MUCH TIME!”

We deal with difficult people in all aspects of our lives. Away from work, we are able to remove ourselves and limit interaction with those we find difficult. In our professional life, this becomes more difficult since we are unable to pick and choose which clients to work with. What we often overlook is that others may perceive us as the difficult ones.

When thinking of difficult clients, the term “non-compliant” often comes up. Compliance is simply the act of changing one’s behavior under the direction or request of someone. An individual is expected to do something simply because someone asks them. Compliance differs from obedience as obedience implies the request is being made by an authority figure. A consumer who willingly performs pressure reliefs like clockwork is viewed as compliant. Clients are asked to comply with treatment plans, use of new equipment, and suggestions made to improve their situation. When not done, they are often referred to as non-compliant. In the world of seating and wheeled mobility, these individuals can be perceived as “difficult” when their lack of compliance interferes with the ability of a therapist or provider to complete his or her job successfully. Moreover, their perceived difficult nature becomes a frustration to all parties involved.

INTERPERSONAL EVENT

Interaction with another can be referred to as an interpersonal event. When you consider the seating and mobility evaluation is accomplished through a multi-disciplinary approach, the number of interpersonal events increases drastically. The opportunity for “difficulty” is multiplied. Although we can control our own emotions and interactions, we cannot control how the other team members and the consumer are going to interpret or react to our interaction. A by-product of interpersonal events is conflict. Conflict can begin as tension, a misunderstanding or a disagreement. It can escalate into an emotionally fueled interpersonal event that is destructive to both parties. Once that occurs, effective communication is lost unless someone pulls back and re-evaluates the situation.

Many factors are involved in dealing with difficult clients. These range from cultural and educational issues to mental health issues that interfere with interpersonal skills. Another factor includes consumers' acceptance of their disabilities. If they have an accurate awareness of their disabilities, they will be more open to the use of equipment for assistance. Unrealistic expectations of ability or potential for recovery make the process more difficult. Once a difficult situation is encountered, the professional needs to step back and attempt to identify the factors that are causing the difficulty. Current behaviors of all involved need to be evaluated and modified. Clinical interaction can be described as a “dance:” there are two partners who work cooperatively, however one needs to lead while the other follows.

As a clinician or supplier, the role of educator has to be assumed. All aspects of the evaluation and delivery process need to include the provision of education to the consumer. Since the consumer and caregivers are unfamiliar with possible options, education needs to occur to allow them to make informed choices. The clinician needs to be aware of learning styles and possible roadblocks that might interfere with the learning process. An awareness of different learning styles is vital, helping those in the teaching role to present information in the most effective manner for the consumer. Be aware that one’s ability to learn is also related to their cognitive function and ability to process the information.

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LEARNING STYLES

In terms of learning styles, most are aware of visual, auditory and kinesthetic learning styles. To take it one step further, consider four styles of learning: sequential, global, active and reflective. Sequential learners prefer a step-by-step process, not varying from a sequenced, chronological pattern. These are the individuals who assemble an item following written directions, going from step one to two, etc. They have a difficult time varying from the anticipated course. Global learners tend to look at the big picture, maybe following some directions; however, they are able to see the end result and usually able to work to gain it. Active learners learn by doing. They appreciate the opportunity to problem solve and discuss all possible options before initiating the task. Reflective learners tend to over-think a task, looking at all options and pondering what the best solution would be. From early interaction with consumers, their learning style can be identified. Tapping into the proper learning style can facilitate education and communication, helping to avoid potential difficulties.

Learning styles can also be generational. Younger individuals might prefer the use of technology while older consumers prefer face-to-face interaction. Older individuals tend to believe what they are told while younger consumers may want to know their options, allowing them to make an informed decision.

Other causes of “difficult” interaction can result from cultural issues, caregiver issues and environmental issues. If any of these issues are ignored, a difficult situation can arise and interfere with the process.

TYPES OF DIFFICULT CLIENTS

To effectively deal with difficult clients, a full understanding of the typical characteristics of difficult clients need to be identified. According to Debra Beaulieu, there are four typical groups: dependent clingers, entitled demanders, manipulative help-rejecting complainers and the self-destructive denier.

- Dependent clingers tend to be very appreciative for everything the professional does for them, verbally praising and thanking them for every little detail. As a result, the professional often offers to go beyond what is necessary, which further exaggerates their dependency. Soon, the client starts calling and asking for additional favors and requests. As the “clinger” becomes needier, the interaction with the professional can take a turn for the worse. The professional needs to reassure while creating and enforcing definite boundaries.
- Entitled demanders are the individuals who tell the professional how to do his or her job. From their perspective, they want to take aggressive control even though they are probably feeling helpless and powerless. Gentle encouragement to “work together” is helpful, often bringing the client back to cooperation instead of demanding.
- Manipulative help-rejecting complainers are the clients who find fault with every solution offered. The recommendations of the professional are never good enough even though the client continues to come back with future issues. At times, this group can be aggressive and blaming, taking on little responsibility for themselves. To help this group, all options need to

be discussed and the consumer encouraged to take an active role and ownership in the final decision.

- Self-destructive deniers participate in behaviors that are self-destructive. They hide their feelings of hopelessness through their overt destructive behaviors with an “I don’t care” attitude. Oftentimes there can be an undiagnosed depression or anxiety. If the behaviors are significant enough, referral to a mental health professional may be needed.

WHAT DOESN'T HELP

With all types of difficult clients, there are some basic “don’ts.” Although they seem obvious, they get lost in the emotional responses that can go hand in hand with difficult interactions. These include:

1. Don’t tell the client he/she is wrong. A sympathetic nervous system response can occur resulting in a fight or flight response, putting the individual in a mode of self-protection and no longer open to learning.
2. Don’t argue with the client. Arguing leads to poor communication, either through yelling or the “quiet treatment.” Arguing can lead to the communication of truly honest thoughts; however the delivery is usually not effective. Once an argument escalates, it can lead to a release of emotions that can result in improved communication.
3. Don’t speak with an authoritative tone as if you have to prove the client wrong. Use of a confident tone is good. Use of an authoritative tone can bring the individual back to an event in his or her life that can stir up unpleasant memories. As the professional, you do not know what that person has endured previously.

4. Don't say things like "we could never do that." This infers superiority. It is belittling and insulting, completely shutting down effective interaction.

5. Don't be afraid to apologize – it is not an admission of fault, merely a means to explain, terminate an argument or start over. An apology opens the gate for improved communication.

WHAT DOES HELP

Communication skills are vital in all interpersonal events. Effective communication on the part of the professional is imperative to set boundaries and provide education while also alleviating stress and anxiety. The provision of education is imperative for so many reasons. Requests of actions with an understandable purpose are more apt to be honored. Education needs to include information regarding the client's condition, potential problems and potential solutions.

When communicating with clients, the choice of words can make or break a therapeutic interaction. For example, telling a mother that her daughter's new seat cushion is "good enough" may trigger an emotional response from the mother, hearing that the therapist is settling for mediocrity. Listening to the client's words while also observing body language can give cues as to how the interaction might be interpreted.

There are many other solutions that need to be considered when dealing with difficult consumers. According to Renee Taylor, Ph.D., the best advice is "everything starts by stopping." If a difficult situation arises, stop what you are doing and identify why the difficulty occurred. Nothing will be gained from continued interaction unless one of the parties changes. It is the professional's responsibility to maintain open communication and be the "professional" one.

Other solutions and advice are simple:

- Shut up and listen.
- Set boundaries up front.
- Stay cool and calm.
- Validate and empathize; don't sympathize.
- Remember that their behavior makes sense to them.
- Use the phrase "I can't agree with you more."
- Ask the question "What do you really want?"
- Don't react and take their bait.
- Adjust your mindset.
- Listen actively and be neutral.
- Swap shoes.

And finally, *keep it simple*.

In summary, differences of opinions and lack of education can lead to difficult interaction. These differences can be as simple as a color choice or as complex as when the client or caregiver has unrealistic expectations either of themselves or the equipment. The role of the professional is to provide clarification through education, helping to set reasonable expectations and goals. For example, a young man with cerebral palsy who has experienced difficulty with the use of a head array for control of a power mobility system no longer shows interest in working on that skill. His mother, however, verbalizes during the trial, "I won't give up on my dream for him to drive a power chair." The mother is not open to hearing that her son does not have the ability or desire. Instead, she becomes "difficult" as she is unwilling to pursue other mobility options. Education and separation of her goals from her son's goals needs to be encouraged.

Most importantly, when a situation is developing, the professional needs to modify his or her behavior in order to remedy the situation. Modification of actions needs to occur from all parties, however, you can only modify your own behavior. And always remember – everything starts by stopping.

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