UNDERSTANDING DIFFICULT CLIENTS AND CAREGIVERS … AND HOW TO DEAL WITH THEM!

Written by: **JILL SPARACIO,** OTR/L, ATP/SMS, ABDA

CEU ARTICLE | NRRTS is pleased to offer another CEU article. This article is approved by NRRTS, as an accredited IACET provider, for .1 CEU (1 contact hour). After reading the article, please visit http://www.nrrts.org/ceu-article-review to order the article. Upon passing the exam, you will be sent a CEU certificate.

In any culture, workplace, family or social situation, we encounter people who we consider "difficult." Away from work, we are able to remove ourselves or 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 at work, one of the most exhausting tasks can include working with a client or caregiver who is perceived to be difficult. By difficult, many definitions come to mind. It can be a serious disagreement or argument, an incompatibility or clash with another, heightened tension, or a misunderstanding. It can be a result of personality differences (choices, interaction style) or a result of a difference of expectations with what is perceived to be an inflexibility to understand or change.

USE OF LABELS

In this article, the term "difficult" is used as a more concise and positive term cannot be identified. However, one needs to keep in mind how labels influence our interactions with others. To understand this, some basic terminology definitions need to be understood. A label is a name, word or phrase to classify or categorize a person or thing. These are often inaccurate representations especially when labeled by someone else. Benjamin Whorf, a linguist in the 1930's, hypothesized that the words we use to describe what we see aren't just idle placeholders – they actually determine what we see. Therefore, a label of "difficult" is most often misleading and judgmental. An assumption is something that is accepted as true before one gathers any proof that it is so, often coming from others' labels. If an ATP assumes a client or caregiver is "difficult," there is a chance that the assumption might be incorrect. After assumptions are made, stereotypes develop. Stereotypes are incorrect assumptions made about all of the members of a particular group. A stigma is a powerfully negative label that changes a person's self-concept and social identity. If a person is labeled in a negative manner time after time, all who interact with that person can be influenced by it. Although labels may be a reasonable reflection of who that person is at a moment in time, it should not be assumed that the labeled behavior reflects the person's essence. Terms used to describe others can make all lives more stressful for those who label as well as those who are labeled. Perceiving other people's personalities in a more positive way can decrease the stress that accompanies future interactions. Human nature guides us to label, but it is inherently detrimental to label a client or caregiver as "difficult." This sets up the expectation for a negative interaction and should be avoided at all costs.

HUMAN NATURE GUIDES US TO LABEL BUT IT IS INHERENTLY DETRIMENTAL TO LABEL A CLIENT OR CAREGIVER AS "DIFFICULT". THIS SETS UP THE EXPECTATION FOR A NEGATIVE INTERACTION AND SHOULD BE AVOIDED AT ALL COSTS.

DIFFICULT SITUATIONS

There are many difficult situations that come up throughout a day in the seating and wheeled mobility clinic. Some situations are the result of simple misinterpretations while others are the result of unrealistic expectations. Situations need to be addressed as they come up instead of letting the issues accumulate.

- In one appointment, an overprotective parent of a young woman with cerebral palsy was casually told upon delivery that her daughter's custom-carved

FIGURE 1

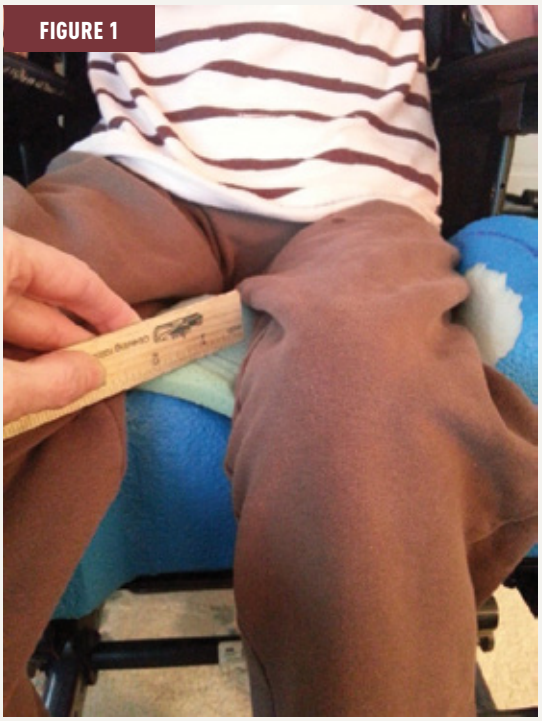


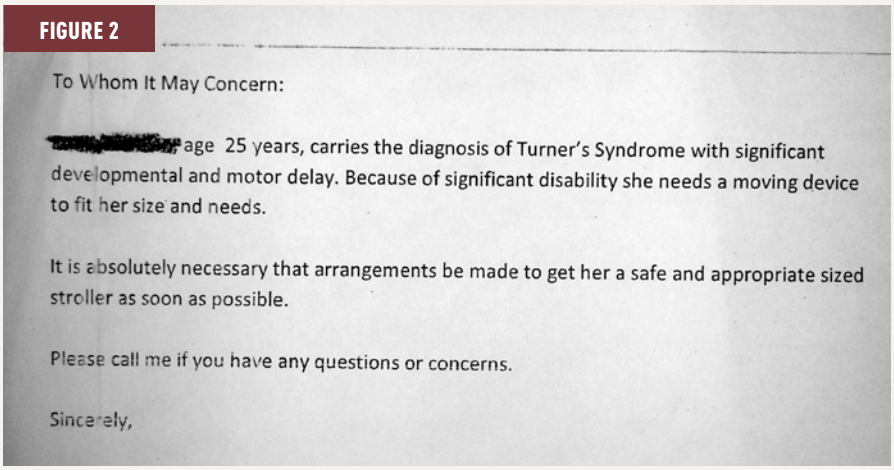
FIGURE 1: "The seat cushion is "good enough."

seat cushion was "good enough" (see Figure 1). This was said after modifications were completed during the appointment. The parent interpreted the comment as that her daughter would have to settle for the clumsily modified seat cushion and was unaware that a remake would be provided. The parent left the appointment unhappy, called supervisors to complain and started searching for a different clinic so her daughter wouldn't have to use "good enough" seating. The communication at this appointment was poor and led to a situation that was out of control. The parent was now perceived as "difficult."

- The parent of a young man who had recently received a new power wheelchair with a head array driving method was admitted to a long-term care facility. Due to many other residents on his residential unit, driving space was limited. In fact, when he attempted to drive, he frequently ran into staff and other residents. Observation of the young man showed limited attentiveness when driving, and he often refused practice time. When asked if he wanted to drive his system, he consistently answered no. In a meeting with his mother, she stated, "I won't give up my dream of my son driving a power chair." His mother's desire and contradictory requests led to her being viewed as "difficult." Other staff dreaded encounters with her as every discussion led back to him using a power wheelchair.

- "But my doctor wrote an order" is a common theme that leads to the perception of difficult clients or caregivers. A frequent misconception is that just because a physician writes an order, it has to happen. In this day and age of funding limitations, conflict occurs when expectations are not met. As the client's expectations are shot down, disappointment, frustration, blaming and arguments arise. When one's expectations are much higher than what is possible, the person can be viewed as unwilling to compromise and "difficult" (see Figure 2).

FIGURE 2



To Whom It May Concern:

[redacted] age 25 years, carries the diagnosis of Turner's Syndrome with significant developmental and motor delay. Because of significant disability she needs a moving device to fit her size and needs.

It is absolutely necessary that arrangements be made to get her a safe and appropriate sized stroller as soon as possible.

Please call me if you have any questions or concerns.

Sincerely,

FIGURE 2: A physician's order does not guarantee that the recommendations are appropriate or obtainable.

- "Mike said he wanted to eat the turtle" (see Figure 3). Some clients show difficulty in terms of how they treat/handle their equipment. A young man with an intellectual disability peeled off his joystick overlay because, in his words, he wanted to "know what turtles tasted like." He proceeded to eat the turtle from the speed control printed on the overlay. He became a "difficult" client for the RTS as repairs had to be done creatively and as needed, instead of when funding allowed. His intention was not to be difficult but his lack of judgment, cognitive limitations and impulsivity resulted in difficulty.

- "But they are adding $280 in labor for a job that will only take an hour." This comment was made by a client (who happened to be an attorney) who did not understand that the RTS was entitled to get paid for his time while completing repairs to the wheelchair. He requested an itemized quote with pricing for every order and then complained about all of the costs. The RTS shuddered every time he saw the client as he knew it would lead to an argument and a verbal lashing.

- "I have no choice who I have to work with and my job with them never ends." As an RTS or clinician, the dread of seeing some

CONTINUED ON PAGE 38

UNDERSTANDING DIFFICULT CLIENTS ...
(CONTINUED FROM PAGE 37)

of the frequent "difficult" clients takes a toll on his life as well as all relationships, both at work and away. This can manifest itself as increased anxiety, tension or depression. The dread is frequently worse than the actual interaction, however the impact remains the same.

- Simple problems that impact all of us can lead to anyone being perceived as difficult. A bad night's sleep, not feeling well, worry about a loved one or being in the middle of an argument with their significant other, worry about personal finances: all of these can set the tone for a difficult interaction. As professionals, feelings and issues need to be compartmentalized and left out of professional interactions.

- From the client's perspective, many issues may lead to difficulty. These can include level of acceptance as to why they need a wheelchair, unrealistic expectations in terms of funding or equipment options, psychosocial factors including mental health concerns, cognitive function, interpersonal relationships and current life situations (do they have a home, going through a divorce, wondering how they will care for a child).

One of the keys to effectively dealing with "difficult" clients is to identify the true reason for the difficulty. Often the client is unaware. Non-judgmental discussions and questioning can lead to heightened awareness of behavior.

TERMINOLOGY

The concept of difficult varies from one person to another. One's "difficulty" might be the result of a lifelong process or belief that is further exaggerated by the situation at hand. "Difficult" perceptions do not happen overnight, nor do they improve with additional stress. The definition is a person-specific perspective based on how that person is able to cope with a variety of triggers. What is perceived as difficult to one person may not be difficult to another. When thinking of difficult clients, the term "noncompliant" 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 that the request is being made by an authority figure. Clients are bombarded by situations where they are asked to comply with treatment plans, use new equipment and follow suggestions made to improve their situation. When not done people are often referred to as noncompliant. 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 supplier to complete a job successfully. Moreover, their difficult nature becomes a frustration to all parties involved. The term "point of crisis" occurs during an interaction where the proverbial lightbulb goes on, usually triggering a reality check. This is the moment in time when a person is faced with reality. It might be the realization for a parent that their child will never walk or that recovery will not occur. The person has likely heard these facts over and over from various professionals but suddenly it becomes real to them, leading to this reality check.

CLIENTS ARE BOMBARDED BY SITUATIONS WHERE THEY ARE ASKED TO COMPLY WITH TREATMENT PLANS, USE NEW EQUIPMENT AND FOLLOW SUGGESTIONS MADE TO IMPROVE THEIR SITUATION. WHEN THEY REFUSE, PEOPLE ARE OFTEN REFERRED TO AS NONCOMPLIANT.

FIGURE 3

FIGURE 3: Some "difficult" clients have limited cognition that interferes with their ability to fully understand consequences.

The interaction with another can be referred to as an interpersonal event. When you consider that the seating and mobility evaluation is accomplished through a multidisciplinary 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 client are going to interpret our interaction. Clarity in communication is vital to be successful.

Many factors are involved when dealing with difficult clients. These range from cultural and educational issues to mental health issues that interfere with interpersonal skills and events. 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" with two partners who work cooperatively; however one needs to lead while the other follows.

CATEGORIES OF DIFFICULT PEOPLE

If categories of difficult need to be defined, consider these six general types:

1. The Perfectionist: This is the individual who overanalyzes every single detail. This bogs down the entire decision-making process.

2. The Control Freak: These individuals need total control over every aspect of the interaction. All tasks need to be completed in that person's preferred method, even when that method is not the best option.

3. The Creative Soul: This individual is great at generating ideas but cannot get to a final resolution. The ideas keep coming without the ability to end by making decisions.

4. The Shaper: These individuals take charge of the process without having the knowledge and skills to do so. They are hyper-focused on a solution but have not addressed all the issues or the process to get there. For example, the involved father who sends emails demanding that a repair gets done as soon as possible starts each email with "hey team" to give the appearance of trying to engage the group. The next phrase jumps right to "I need a solution now" without understanding the situation or steps involved in the process.

5. The Aggressor: Also known as a defensive person, they often stop the process. These individuals can be threatening, mean and nasty. They rarely take any responsibility for the situation, issue or possible solutions. These individuals should not be confused with assertive. Assertive individuals have a forceful personality, but it is positive and with confidence, never mean or aggressive.

6. The Submissive Person: This individual lacks the confidence needed to make decisions. Even when options are concisely outlined, they are unable to make decisions and rely on others to make the decision for them. This person is reluctant to take a stand or take ownership in a situation. They have a fear of failure that results in negative energy within interactions. These individuals are often emotionally draining for the others.

There are many ways to categorize difficult individuals. The common thread with all is that a full understanding of the typical characteristics of difficult individuals, whether the client, caregiver or team member needs to be identified. According to Debra Beaulieu, there are four typical groups:

- Dependent clingers: These individuals tend to be very appreciative for everything the professional does for them, often 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. These individuals deal with feelings of powerlessness and abandonment, often unconsciously. The professional needs to reassure while creating definite boundaries.

- The entitled demander is the individual who tells the professional how to do his/her job. From their perspective, they want to take aggressive control even though they usually feel rather helpless and powerless. Gentle encouragement to "work together" is helpful, often bringing the client back to cooperate instead of demand.

- The manipulative, help-rejecting complainer is the client who finds 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 little responsibility for themselves.

- The last group of difficult clients is the self-destructive denier. These individuals knowingly participate in behaviors that are self-destructive and detrimental to the process. They hide their

CONTINUED ON PAGE 40

UNDERSTANDING DIFFICULT CLIENTS ...
(CONTINUED FROM PAGE 39)

feelings of hopelessness through their overt destructive behaviors with an "I don't care" attitude. No matter what is recommended, they continue to sabotage the situation. Oftentimes there can be an undiagnosed depression or anxiety. If the behaviors are significant enough, referral to a mental health professional may be needed.

EDUCATION

So, what happens when there is perceived difficulty? The provision of education in a manner that the difficult person can understand needs to be provided. As with the wheelchair evaluation process, needs have to be determined along with possible solutions. The ability to educate depends on many factors including the client's cognitive ability and education level, current and prior life experiences, generational learning styles and cultural issues. The ability to provide education will allow for informed decision-making by all parties involved in the wheelchair evaluation process. Consensus among the team members can only be obtained when all findings and recommendations are understood by all.

GENERATIONAL LEARNING STYLES

Generational learning styles are key in providing education. Generations are categorized by years of birth. Generational groups include traditionalists, baby boomers, Generation X, millennials and post-millennials.

- Traditionalists (born before1945): These people display strong work ethics, are loyal and dedicated, and are willing to sacrifice (as they lived through World War II). They respect authority, avoid conflict and are at times slow to change habits.

THERE ARE MANY WAYS TO CATEGORIZE DIFFICULT INDIVIDUALS. THE COMMON THREAD WITH ALL IS THAT A FULL UNDERSTANDING OF THE TYPICAL CHARACTERISTICS OF DIFFICULT INDIVIDUALS, WHETHER THE CLIENT, CAREGIVER OR TEAM MEMBER NEEDS TO BE IDENTIFIED.

Traditionalists prefer structured learning situations to gain new information. Use of technology is limited as they are usually self-proclaimed technologically challenged. This group never questions authority such as a physician or a therapist who tells them what to do versus working with them to create a plan. It is imperative that they become a part of the team process instead of being told what to do.

- Baby boomers (born between 1945 and 1964): This group is also hardworking, achievement-oriented, independent and self-reliant. They question authority (think hippies from the '60s). They value face-to-face time instead of working remotely as some of the younger groups prefer. When providing education, a personally focused learning structure is preferred with a friendly approach versus an authoritative manner. This group is interested in maintaining optimal health and wellness.

- Generation X(born between 1965 and 1980): Gen X'ers prefer instant gratification and are independent and resourceful. They expect immediate and ongoing feedback, often utilizing email and text messaging. They prefer to learn through self-directed learning opportunities on their own schedule. This group is open to education through technology as it facilitates self-directed learning. Collaboration with the team is essential while they are provided with choices and ideas to help devise a plan to meet their goals.

- Millennials (born after 1980): This group is tech savvy as they have been exposed to technology since adolescence. They tend to be hard working on their own terms. Millennials seek out experiences rather than things. They look for highly personalized training that is self-directed, preferring education through on-demand technology. They also seek out problem-based learning, using their skills to problem solve.

- Post-millennials (born after 1987): This group is sometimes separated from millennials because of access to different life experiences. They have had access to technology throughout their lives and are reliant on technology, specifically smartphones. They have never experienced dependence on a telephone with a cord or life without instant communication or access to information. This group is highly ambitious with high expectations. They want to understand the process and the rules in order to get what they

want. Education needs to be on-demand with technology, but post-millennials also seek affirmation to make sure they are on the right track.

LEARNING STYLES

With each generation, the provision of new information needs to be delivered in a manner that they can understand. In addition to the above, consideration needs to be given to learning styles. Some individuals learn best through auditory or visual opportunities. Some need the kinesthetic (active) approach that pairs new information with motor tasks. Some people are sequential learners, needing specific step-by-step instructions while others need to step back to see the big picture (global learning). Lastly, some individuals are reflective learners who need to gather information, ponder different applications, perhaps try a few options and then make a decision. Oftentimes, questioning the client can lead to how they best learn. At that point, the team needs to provide information in the determined style.

THE ABILITY TO PROVIDE EDUCATION WILL ALLOW FOR INFORMED DECISION-MAKING BY ALL PARTIES INVOLVED IN THE WHEELCHAIR EVALUATION PROCESS.

INEFFECTIVE COMMUNICATION

In situations where interaction escalates negatively, there are some basic "don'ts." If individuals engage in any of these techniques, situations go from bad to worse. Although these 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 they are wrong. The last thing a difficult client needs to hear is that they are wrong. They will react by either striking back or retreating as the encounter becomes very uncomfortable. Instead, engage in providing some parameters for more positive solutions, giving the person a framework of possible options to choose from.
2. Don't argue with the client. If emotions are high, argumentative interaction will escalate the tension even more. Both sides will dig their heels in to prove they are right in order to win the argument. Think of the process from the bigger picture instead of individual battles. Be proactive in your discussion instead of reactive.
3. Don't speak with an authoritative tone as if you have to prove the client wrong. This puts all of the control with the professional instead of creating a team-based discussion. The client's value is taken away with the professional taking control. The message that the client receives is that they are not worthy of having a role in the process.
4. Don't say things like, "We could never do that." The client hears that their idea or choice is ridiculous and would never be the correct option. Speaking with absolute descriptors (never, always, etc.) should be avoided.
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. The apology should be directed at the dispute, not toward another individual.

EFFECTIVE COMMUNICATION

Communication skills are vital in all interpersonal events, whether difficult or not. 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 for actions with an understandable purpose are more apt to be accepted and honored. In the seating and mobility clinic setting, 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, who may hear that the therapist is settling for mediocrity. Listening to the client's words while also observing their body language can give cues as to how the interaction might be interpreted. Body language can communicate anger, frustration and withdrawal as well as understanding and agreement.

Differences of opinions regarding a situation can lead to a difficult interaction. These differences might be as simple as a color choice or as complex as the client or caregiver having 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 and making sure all goals are consistent.

CONTINUED ON PAGE 42

UNDERSTANDING DIFFICULT CLIENTS ...
(CONTINUED FROM PAGE 41)

BOUNDARIES

The creation of boundaries is also needed in dealing with difficult clients. Although personal examples can be effective, they might reveal too much personal information about the professional. Instead, the professional needs to be empathetic to the individual's needs, keeping the focus on the client.

GENERAL SUGGESTIONS

For a cookbook approach when dealing with difficult clients, here are some additional suggestions:

1. Listen carefully. Really listen – don't just hear the words, understand what the words and the body language are saying. Summarizing and paraphrasing what the client says are effective ways to check for understanding. Validation and empathy are also effective tools.

2. Don't interrupt. Interrupting sends the message that what they have to say is not important.

3. Keep a record of what is said and done, itemizing steps that address the concerns. If necessary, review the list at the end of the session and ask the difficult person to initial/sign off on the recommendations to show that they are in agreement. This can be a helpful document during future encounters.

4. Try to see things from the client's point of view, no matter how unreasonable or irrational. The old adage of "walk a day in their shoes" has a place. Each client brings different life experiences to the situation. Although one client might present similarly to another, do not assume that they are the same.

FIGURE 4

FIGURE 4: Arguments interfere with rational discussions

FIGURE 5

FIGURE 5: If a situation develops, stop, change your behavior, and move forward.

5. Avoid arguments. This cannot be stressed enough. Once an argument emerges, both parties end the ability to discuss issues rationally. It is the professional's responsibility to do this (see Figure 4).

6. Be encouraging. Do not be condescending and demeaning. Genuine encouragement will lead to greater participation of the client who might be willing to share or interact on a more involved level. Attempts to separate the person from the issue can be helpful.

7. Stay calm. Count to 10. The professional cannot be effective if they have lost their composure. When this does happen, remove yourself from the situation.

8. Everything starts by stopping! If a situation develops, assume that your behavior is not effective. The professional must stop, re-evaluate the situation and make changes in their approach. This does not mean the professional's behavior is wrong, it is simply ineffective in the current setting (see Figure 5).

Most importantly, when a situation is developing, the professional needs to modify his/her behavior in order to remedy the situation. Modification of actions needs to occur from all parties; however you can only control your own behavior. In life, most of the stress we feel comes from the way we respond to situations around us. Adjustments in our own attitudes are difficult, but they are key to improving interaction and decreasing stress.

CONTACT THE AUTHOR
Jill may be reached at OTRSPAR@AOL.COM

REFERENCES

1. Beaulieu, Debra. Understand the Four Types of Difficult Patients. www.fiercepracticemanagement.com.

2. Burton, Neel. The 10 Personality Disorders. www.psychologytoday.com . May, 2012.

3. Cancialosi, C. (2013, September). A Guide to Dealing With Difficult People. Retrieved from https:www.forbes.com.

4. Curtis, Carole. Dealing with Difficult Clients. http://apps.americanbar.org. November, 2005.

5. Generational Learning Styles (2015, Jan 21). Retrieved from http://www.generationaledge.com/blog/posts/generational-learning-styles.

6. Linguistic Relativity Hypothesis (July 2019). Retrieved from http://www.alleydog.com/glossary/definition.php?term=Linguistic+Relativity+Hypothesis.

7. Mariano, Anthony. Helping the Challenging Patient: Practical Advice for Managing Difficult Patient Interactions. www.mamc.amedd.army/mil/documents

8. Sparacio, J. Working with Difficult Clients: Who, Why and How. 35th International Seating Symposium. Pittsburgh, PA. March 2019.

9. Sparacio, J. Understanding Clients and Caregivers and How to Deal With Them. 31st International Seating Symposium. Nashville, TN. February 2015.