

Dealing with Difficult Clients

Curtis, S. & Curtis, O.

ORTRAN Self-Management Solutions, Wollongong, AUSTRALIA.

Correspondence: sue@ortran.com.au

While we can experience satisfaction and success in our professional practice, there are times when we encounter clients who seem to be both difficult to interact with and professionally challenging. Why is it that with some clients we feel a rising sense of tension almost from the moment they walk through the door. How is it that with some clients, we become increasingly uncertain about our approach and begin to doubt our ability to have a positive impact? What happens when practitioner/client interactions lead to a feeling of professional powerlessness or worse still, to feelings of anger and impatience towards the client? Why is it so difficult to manage some clients and what might we, as health professionals do, to more effectively and positively approach these challenging professional interactions?

This presentation provides an introduction to a possible 'roadmap' for managing 'difficult clients' and an awareness of the role of emotional positioning devices in the practitioner/client partnership. The GPS device is used, in this presentation, as a convenient metaphor for examining what might lie behind our challenges with 'difficult clients'.

In a sense, we carry with us at all times, our own Emotional Global Positioning System (EGPS) which is the current sum of our emotional responses to interactions with our world and with others. We are always in the process of positioning ourselves in relation to othersⁱ, in ways that we believe will enable us to be safe and to have our needs met. It is this EGPS which signals to us that 'pain' or alternatively 'pleasure', could result from the action we are about to take and so prompts us into 'fight', 'flight' or 'float' mode. Our EGPS is our early warning system, our survival mechanism that accompanies us from childhood into our adult lives.

Just like the GPS devices we are now adopting as a tool for everyday navigation, an EGPS gives us access to 'intelligence' about the emotional landscape and the probable consequences of our interactions with others. The first data entered into this EGPS system came with the language we learned as infants and young childrenⁱⁱ and much of the original co-ordinates were well in place by the time we were six or seven years of age. Family rules were part and parcel of how we learned to be who we are. They can provide us with a reasonably accessible demonstration of the type of EGPS data that guides our interactions with others. In effect, our family rules were one of our primary data sources for positioning ourselves in relation to others. In recognising when our reactions are driven by early and inappropriate EGPS directions we create choices for ourselves. Knowing we have a choice in how we might respond, is the first step in gaining control of our reactions and responding appropriately.

Our EGPS springs into life when we come into contact with others where we feel threatened or at risk. When we encounter clients who seem to be challenging and difficult, it is an indication that we as health professionals and our 'difficult' client are entering a danger zone. It takes two to create tension and uncertainty and two to enter the 'danger zone', the territory of the Power Game Triangle (PGT).ⁱⁱⁱ The PGT is the set of three interrelated chosen positions or roles - Playing Victim, Rescuing and Persecuting. Interactions based on these positions or roles have pre-determined pathways and predictable outcomes. The outcome has already been decided by previously-established roadmaps to a pre-determined destination of conflict, exclusion, alienation and power-over the other. If we experience rising discomfort or tension in our interactions with our client, then an alternative route is required to avoid the roadblocks and the emotional 'train wrecks' that inevitably result when we enter the territory of the power triangle.

When we stop, and choose to respond appropriately, our focus moves to respecting differences, consultation, mutual participation and co-operation. We start taking responsibility for our own reactions; we focus on what our client is really saying to us. We listen and we summarise, we take on a non-defensive and open body position, we give all the signals we can that we really want to understand where our client is coming from. There is recognition and affirmation of the client and their expressed needs. The principal strategy is ‘first seek to understand and then to be understood’,^{iv} then to identify bridges to mutual understanding and a relevant roadmap for transforming the power game into a mutual discovery circle. When our client feels truly understood – there will be no defensiveness, because we will have begun the process of building mutual trust and a productive practitioner/client partnership.

The more frameworks and tools we can have at our disposal,^{v vi vii viii} as a health professional engaged in behaviour change,^{ix} the more choices we will have for enabling our ‘difficult client’ to generate positive choices of their own. There is always some area of a person’s life where they feel confident and strong. Equally, there is always something in a person’s life that is of concern to them.^x It is up to us, the health practitioners, to assist them in making the links where we have something to offer. The more comprehensive our discipline knowledge, the more choices we will have for framing and reframing options that might be considered favourably by our ‘difficult client’ for meeting their expressed needs.

As health professionals, our ‘difficult clients’ are our best teachers.^{xi} They offer us their personal take on what does and does not count as important, they provide us with cues that trigger our uncertainties and unmask the gaps in our personal and professional knowledge and behaviours. They provide us with a window to the possibilities of hidden preferences, drivers and edicts that might limit our potential to contribute in the way we intend to the health and well-being of others. In short, they are an invitation to personal and professional growth and an encouragement to lifelong learning.

ⁱ Harre. R. & van Hangehove, L. (1999) Positioning Theory: Moral Contexts of Intentional Action. Blackwell Publishers Ltd., Maldon, Massachusetts, USA.

ⁱⁱ Halliday, M. A.K. (1975) Learning How To Mean: Explorations in the Development of Language. Edward Arnold, London.

ⁱⁱⁱ Conflict Resolution Network. CR Trainers Manual: 12 Skills. www.crnhq.org

^{iv} Covey, S.R. (2004) The 7 habits of highly effective people. Simon Schuster, London.

^v Curtis & Curtis (2007) ‘Self-Management for Exercise Physiologists and their Clients’ Workshop Manuals.

^{vi} Goleman, D. (1995) Emotional Intelligence: Why it can matter more than IQ. Bloomsbury Publishing, London.

^{vii} Daniels, D. & Price, V. (2000) the essential enneagram: The definitive Personality Test and Self-Discovery Guide HarperCollins Publishers Inc. New York.

^{viii} Team Management Systems. www.tms.com.au

^{ix} Grant, A. & Greene, J. (2001) Coach Yourself: It’s Your Life – What Are You Going To Do With It? Pearson Education Limited & Perseus Publishing, MA.

^x Compatability Communication System (CCS Cards) www.ccscorporation.com.au

^{xi} Combs, D. (2005) ‘Worst Enemy, Best Teacher: How to Survive and Thrive with Opponents, Competitors and the People Who Drive You Crazy’. New World Library, Novato, California, USA.