Box 8.C Now You Try It . . . Self-Assessment

Using the categories presented in Box 8.1, provide answers to each of the questions presented below.

1. How do you convey to the client that you are competent and know what you are doing?
2. What makes you an approachable person?
3. How does a client sense that you are trustworthy?
4. What characteristics do you have in common with a client? How do these enhance or detract from the relationship?

The setting of a social worker's practice will, in part, determine the types of clients and the range of problems that will be addressed. A client may be referred to your agency by a teacher, a probation officer, an outreach worker, a physician, a public health official, a judge, or a public housing employee. You may also have clients who seek out services from your agency because they recognize their need for help.

One important aspect of engaging the client is establishing **rapport**. Rapport is the entry point to the relationship (Cormier & Cormier, 2011). It is the intangible goal of connecting at a central or core level with your client. It is more than comfort, receptiveness, and respect. It is a commitment to stay with the client—to display warmth, interest, and care in a way that encourages trust and confidence. When a client feels understood, honored, and valued, he or she is more likely to open up. It is through this relationship that the client's anxiety over time diminishes as his or her self-esteem and self-worth are enhanced (Hill & O'Brien, 2014).

Rapport connotes a relationship of mutual understanding and trust between two people and requires the ability to put oneself in the position of another. **Empathy** is an important skill in developing rapport with a client. It is trying to understand your client's life experiences without having to experience them yourself. Small talk, such as a few comments about the weather, traffic, or how the children are feeling, is one aspect of rapport, but building rapport is a much more complex and methodical skill. Small talk is never a substitute for genuine rapport.

As a social worker, you may find yourself in situations that are far outside your comfort zone or beyond anything you can imagine. Although some of these situations may be scary or uncomfortable, it is your responsibility to put your discomfort aside. However, don't ignore clear warning signs of real danger. In cases of imminent harm to yourself, either leave immediately and/or contact the police. Social workers can also use these experiences to understand and empathize with clients regarding how frightened or overwhelmed they may feel when entering into unknown or foreign territory. It is always wise to expand your life experiences (without taking unnecessary risks) by reading, asking questions, and educating yourself about other cultures, practices, and lifestyles that you are unfamiliar with or that challenge your value system. We can all relate to experiences of being disappointed, rejected, happy, or sad. So, as you are trying to relate to your client's situation, remember that even if you haven't experienced something similar, emotions are universal. For example, you are an undergraduate student completing your internship at a nursing home. A 78-year-old resident is on your caseload. You knock on his door and ask if you can come in and talk for a few minutes. He angrily states, "You're just a child, what can you possibly do to help me! I'm stuck here, no one ever visits me. You can do anything you want. I have to wait in my room for my food, my mail, being helped to the bathroom. And no, I don't want your help!" Putting yourself in his place, what feelings come to you as you attempt to absorb the meaning of his message? Probably, you too have felt lonely and frustrated. You know what it feels like to have little control over your life; you may even have experienced a situation where you have lost your own autonomy and independence. Even though you are not a resident of a nursing home (nor are you in your late seventies), you can relate to his feelings of loss, isolation, and powerlessness. This is the first step in developing empathy and engaging the client.

Watch as Marie and Anna begin to develop a relationship, even this early in the process.

Marie's care and concern puts Anna at ease. As Anna feels understood, she is more open to talking about her fears and anxiety.

Actively seeking to understand clients' values, needs, and purpose and seeing them as unique human beings doesn't mean we always agree with them. Empathy is entering into the feelings and experiences of another without losing oneself in the process: "feeling not as the client, but as if the client" (Compton et al., 2005). It is important to give up stereotypes when working with a diverse client population. Gaining full understanding of a client's life experiences can only be approached but not achieved. Social workers do, however, provide a safe place to assist clients in exploring thoughts and feelings and come to new understandings of the issues. It is through this process that clients try out new behaviors and make life-enhancing changes.

Skovholt (2007) offers an interesting framework, the Cycle of Caring, as a way to understand the process of attaching to our clients. The Cycle of Caring is a model that describes a continual series of professional attachments and separations within a one-way helping relationship, such as that of a social worker and client. Being able to repeatedly enter into the Cycle of Caring can be exhilarating as well as exhausting.

The Cycle of Caring is not a static technique. It is rather a dynamic model that takes into account scores of these helping connections. It is the ability to make positive attachments, to provide a relational process between the social worker and the client, and to do it over and over again (Garber, 2004). This cycle has three distinct phases: empathic attachment, active engagement, and felt separation. The first two stages will be introduced here, and the third phase will be addressed more fully in later chapters.

Phase 1 of the Cycle of Caring, empathic attachment, means finding the balance between caring too much and caring too little. Excessive caring on the part of the social worker can lead to burnout and consequently a demonstrated lack of concern. Another consequence of overcaring is secondary trauma to the social worker as a result of emotional depletion and fatigue from the amount, intensity, and duration of effort invested in the relationship. Listening to clients' pain and distress without appropriate caring boundaries can cause emotional injury to the social worker (Skovholt, 2007). To truly attach to our client, we must feel what the client feels but not take on the responsibility for the client's pain or healing. Newly minted social workers may have difficulty maintaining **professional boundaries** while also staying connected to the person and his or her circumstances. To do this well, the social worker needs to attach with his or her caring side to individuals who often are struggling with emotional, intellectual, or physical needs. The most effective way to stay connected without being overloaded is through expressed limits or boundaries within the professional relationship and a clear understanding of who is responsible—the social worker or client—for different work in the relationship (Skovholt & Jennings, 2007).