

## Ep #12: When Your Client Wants to Be Fixed



### Full Episode Transcript

With Your Host

**Heather Branscombe**

## Ep #12: When Your Client Wants to Be Fixed

Episode 12, When Your Client Wants to Be Fixed.

Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director, and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Hello, friend. The sun is coming out, at least where I am. And I am so excited for spring to finally be here. I just love the bright flowers and the greening that happens, again, at least where I live. And I also love how it becomes more and more possible to go outside without a jacket, again, at least where I live. It's progress and I love it.

Do you remember why you first became a clinician? For me, I decided I wanted to be a physical therapist because I love sports, I love science, and I really wanted to help people. Now, while my interest in sports has certainly changed, my interest in science, especially neuroscience, and helping people certainly has not changed.

So when I was thinking about the topic today and about wanting to be fixed as a client, I was thinking about how common this truly is. Has this happened to you, or more importantly, how long ago has it been since this last happened to you? So typically, it's something like you have a client, or normally a family member of the client, but sometimes the client themselves. And they are telling you some version of how they're looking to be fixed.

They probably aren't saying those exact words, or maybe they are. They're more commonly saying something along the theme of I want my family member to be able to walk, or I want them to talk, or I want them to eat, or I want them to

[Clinicians Creating Impact](#) with Heather Branscombe

## Ep #12: When Your Client Wants to Be Fixed

insert skill here. It's either a skill that they had and they've lost or that they haven't yet developed.

When I was reflecting on those situations in my past clinical career, I was thinking about how it's happened in almost every setting. I can think about a situation in every organization that I've worked with, both in public practice and in private practice, while practicing solo, with adults, with children, working with people with sports injuries, work injuries, and people with neurological-based challenges and neurodiversities.

Because I'm a physiotherapist, typically that looked like some version of a client, or more likely their family members, wanting themselves or a loved one to be able to walk again. Or to be able to walk independently for the first time.

So today I wanted to give you a framework so that if and when that happens again, you have a framework to be able to think about your response and how you really want to show up as a clinician moving forward. This is a framework that I developed myself as I gained experience as a clinician. And no matter where you're working clinically or in what clinical setting you're working in, I think this can help you to feel more successful as a therapist moving forward.

So first, when a client or their family member gives you some kind of wording to the effect that they want either themselves or their family members to be "fixed," pay attention to how that feels in your own body. What's that one word description you would name to that feeling? It could feel something like pressure. I know for myself that was a feeling that I often felt, but you might be feeling something different. It could be something like nervousness, anxiousness, or even frustration.

So notice whatever feeling that is. And then you get to ask yourself why. No matter what the feeling that's being generated within your body, it's really helpful to understand that that feeling is actually coming from the thoughts about the words that the client or their family member said, and not actually from the client themselves.

Do you know how I know that that feeling is coming from your thoughts and not from the client or their family member themselves? I know that because as a

[Clinicians Creating Impact](#) with Heather Branscombe

## Ep #12: When Your Client Wants to Be Fixed

more experienced clinician who now better understands how to handle a situation like this, I typically rarely feel feelings such as pressure, frustration, anxiety, or nervousness.

Now, let me be super clear, it doesn't mean that any of your feelings are anything but valid. They are absolutely valid. The difference between your thoughts and feelings if they feel something like pressure, anxiousness, or nervousness, and the feelings of a more experienced therapist in this area is the thought that your brain generates in response to hearing this kind of communication from the client. It's just what your brain is making it mean.

A therapist who's more experienced in more effectively dealing with communication from a client or their family, they might be thinking something more along the lines of, oh, this tells me something more about the client or their family and how they're feeling about the client's current level of skill development.

So that's why understanding why you're feeling that way that you do can be really helpful for you to generate compassion for yourself as a clinician when you deal with these kinds of clients. It makes total sense that you might be feeling something like pressure, nervousness or frustration when you're thinking those thoughts that are generating those feelings. Of course, you're feeling that way.

Knowing that, next you want to remind yourself what is your role as a clinician? And ultimately, I don't know what you've decided your role is, but I'd like to offer what I like to think of the role of the clinician is. I like to think the role of the clinician is to show the client themselves and to offer an experience to help them to create the results that they're looking to create.

That's very general, but yet you can apply that very specifically to your own discipline. That's really fundamentally what a clinician does. I want to offer you that you don't necessarily, as a clinician, need to convince the client that they don't need to be fixed, either. I'd offer that they probably will most likely get their acceptance, meaning the true acceptance of where they're at or where their

## Ep #12: When Your Client Wants to Be Fixed

family member is at, as you validate their feelings. And as you do that, that's ultimately the first step for them to grow.

So what you actually want to do is really to meet the client where they're at right now. And even if that's at the point where they feel like they want to either fix themselves or fix their family members to feel better. And from that place, you can offer them what you actually think is best as a clinician. What does the client need next?

So, as a physical therapist, often I'd be working with clients and or their families to help a client. And they would be telling me that their number one desire was that they would be able to, say, walk independently. What I would say to that client is something to the effect of, absolutely, you want to walk. And this is where you are now, and this is where walking goes. And these are the steps that we need to be able to get you to be able to walk.

So the next step that we need you to be able to do to get you towards your goal of walking is to do something. For example, it could be something like head control, or to gain more trunk control, or to be able to move the legs independently of each other, or whatever I actually thought that next step was. I would also offer them opportunities to move in ways other than walking independently so that they could participate more fully in their life if they actually wanted that.

Now, this brings up the concept that sometimes families or clients themselves will think that something like a walker, or a wheelchair, or an AAC device, or specific change of diets, or some kind of aids for their activities of daily living, they might think that using that might mean that they never actually be able to do that skill. And that the assistance that we are offering is actually going to hinder their growth. This is a beautiful opportunity for you as a clinician to really educate the family that that actually isn't true, because I know you know that isn't true.

A couple of ways that I typically like to do that as a physiotherapist, and then you can apply that to the discipline and the area that you work, is I like to use the

## Ep #12: When Your Client Wants to Be Fixed

example of sitting. So I notice that when I sit in different chairs, I do sit in different chairs all day long depending on what I'm doing and how I'm feeling.

So sometimes during the day I'm sitting in a desk chair because I want to be upright and alert for work. Sometimes I'm sitting on a rolling stool in my clinical work. Or other times I'm sitting in a Lay-Z-Boy kind of chair at the end of the day because I'm just really looking to relax. So when I'm really tired, or when I'm not really tired, all of these chairs are really designed to meet my needs at the moment based on the activity that I'm doing.

I like that example because most people can identify sitting with different types of chairs during the day depending on what their needs are at the moment and what activities they're doing. They don't mean that just because they're sitting in a La-Z-Boy that they'll never be able to walk again. Of course you're going to be able to walk again.

If I'm working with a client towards the result of walking, for example, I could then offer that the way that somebody would walk in a physical therapy session with me, within a clinic or within their home could be very different than how they would normally walk around in their home environment on their own. Which again, would be very different than the devices that they would want or need to successfully walk in, say, a big box store where there's lots of lights and noise and distraction.

So what I'm doing in these examples is both, one, acknowledging where the client is at. And two, what they're looking for, which is ultimately to get a bigger and better result. And I'm also offering what the next best step I think, as a clinician, would be to help them to get to what they're actually looking for. What I'm really doing here is mirroring both what the client and or their family both want and need, with what I as a clinician both want and need, which is ultimately to ethically create a session based on my current knowledge, skills and abilities.

So just to review the framework again, when a client or a family wants you to fix them, here's what you can do. One, identify the feeling that's being generated in your own body by that communication and understand why. Secondly, you're going to want to understand that feeling, that it is being generated, not actually

## Ep #12: When Your Client Wants to Be Fixed

by the clients words or communication or even the clients themselves, but it's coming from your thoughts.

Next, you can meet yourself with compassion and understand what your role is as a clinician, which is ultimately to help the client show themselves where they're at, and to offer an experience to help them to create the results that they're looking to create in a way that works and feels good for you. Finally, you're going to meet the client where they're at and offer them what you think they need next.

What this framework ultimately does is helps you feel the pressure, the anxiety, the frustration, whatever feeling is coming out to you. And then offer yourself and your client some compassion. And then decide from your perspective, what is best for both you as a clinician as well as for the client.

Now, obviously, the opposite, which is what you might also already be doing is also available to you. Which is feeling the pressure or some version of that and then judging yourself or the client for feeling that way. And then you do what you would think you would do when you're judging yourself and those clients. Ultimately, neither of those things actually move the client forward. And it doesn't feel good for you when you're either judging yourself or judging the clients.

So give this framework a try and let me know how it goes. I can't wait to see the impact that you create with this. See you soon.

If you enjoyed today's show and don't want to worry about missing an episode, you can follow the show wherever you listen to your podcasts. And if you haven't already, I would really appreciate it if you could leave a rating and review to let me know what you think and to help others find *Clinicians Creating Impact*.

It doesn't have to be a five star rating, although I sure hope you love the show. I'd really want your honest feedback so I can create an awesome podcast that provides tons of value. To learn more about me and the work that I do, visit my website at [www.abilitiesrehabilitation.com/clinicianscorner](http://www.abilitiesrehabilitation.com/clinicianscorner) to download your free getting it all done at work process and to see what I'm up to. Thanks so much.

## **Ep #12: When Your Client Wants to Be Fixed**

Thanks for joining me this week on the *Clinicians Creating Impact* podcast. Want to learn more about the work I'm doing with Abilities Rehabilitation? Head on over to [abilitiesrehabilitation.com](http://abilitiesrehabilitation.com). See you next week.