

Ep #14: When Your Clients Want Something Different than What You Want



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With Your Host

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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.

Hi there friend, how are you doing today? I don't know about you, but it feels like today, when I'm recording this podcast anyways, it feels like spring is really here to stay. I'm recording this towards the end of March. And it's beginning to warm up where I live. The sun is coming out more, the flowers are starting to bloom, and my home renovation project is at a point where I now get to do the fun things, like to decorate.

I don't have kids at home anymore who are going to school, but I've always really correlated this time of year with kind of that final stretch before the end of the school year and before the beginning of summer. If you're the kind of clinician that sees children who are going to school, this is often a time when we're starting to wind up the goals of the year and the activities of this year with the preparation and plans for what the next new school year might bring and the preparations and plans that go with that.

Whenever we do any kind of planning, especially with our clients, there's always the potential of this problem of what if what you want as a clinician is juxtaposed and if there's a problem against what the client actually wants. Now, I'm sure it's the same for you, but even 25 years ago for me when I went to school to get my

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initial professional clinical training, we even talked then about being client-centered and family-centered.

25 years later we still talk about this as a collective group, although I think the way that we talk about it is a little different. And depending on your work environment or your work situation as a clinician, you may have more or less professional autonomy as to what that actually looks like. This is actually an area that I've really noticed a difference from when I made my final move from a public practice experience, working in hospitals and nonprofit child development centers, and took the final leap to grow my own private practice, which has now turned into Abilities more than 15 years later.

Now, there are things that I noticed that were really a challenge for me in public practice. And one of those things that was often difficult for me was to deliver service that might be "client-directed," or client-centered, when what the client might have wanted me to do, for example, something like the frequency of sessions that they wanted to see me, or what they were looking for in the session, wasn't something that I was systematically or systemically able to do due to the obvious restrictions of working in public practice.

Now, I'm not here to disparage any clinician who works in public practice. I know many amazing therapists who work in public practice, and I really do believe it is both a noble and amazing thing to do. What I do notice, however, now that I am firmly in private practice, is the professional autonomy that I actually get to decide for myself, without those systemic restrictions, to decide what client-directed service actually looks like for me. And I'm also able and willing to deliver that kind of service, often that the client is requesting, but sometimes I'm not.

And it's why, in fact, one of our three core values at Abilities is actually to provide a client-directed experience versus a client-centered experience. Now, I intentionally chose those words. I intentionally chose the words client-directed because I wanted to highlight the important part, obviously, that the client is in that team, while also respecting the professional judgment and autonomy that the clinician brings to the relationship.

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So whether you work in public practice or in private practice, on your own, or within a larger team, if you're having a challenge with what your client wants versus what you want as a clinician, this podcast episode is for you. What I want to give you today in this podcast episode is a framework in order to think about the problem of balancing your wants and needs as a clinician with the wants and needs of a client.

So the first part of the framework I want to share with you is really asking the question, what does the client want? When I ask this question, what I'm really asking for are things that you would typically get in a first assessment or a first meeting with your client.

These are things like, what are the goals of the client? What are the kinds of intervention, the frequency of the intervention that they're looking for, the duration of the intervention? What kind of assessments are they asking for? Any reports that they're looking for. Who they want you to speak to. And almost more importantly, the why to all of those facts that you understand.

I think now more than ever, clients are coming more and more with a better understanding and a more informed understanding of what all the options are and what's really available. This can be both a potential blessing and a potential curse because, one, they might be bringing up an intervention that you might not be familiar with, which can bring up all kinds of thoughts and feelings for you as a clinician, as well as they might be considering interventions, or a frequency, or duration that you may not fundamentally agree with.

So it can be helpful if you feel like there's a potential conflict with what you want and need as a clinician and what the client wants and needs, to jot down as factually as you can, all of the wants and needs of your client. And this could be something that you just do in your head or on a piece of paper, whatever feels best for you.

Next, you want to take some time to put aside the needs of your client just for a moment. And you want to think about how you think about your client's wants and needs. What I mean by that is given your current understanding of the

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client, and given your current clinical expertise and your current clinical practice, what is the kind, the duration, the frequency and the kind of intervention you would like to provide for your client?

Now, obviously, if what you want as a clinician aligns perfectly with what the client is actually requesting, there is no problem and you probably don't need this framework. And yet, sometimes that can be more clear and can help you to clarify where there's a difference between where your wants and needs are, as well as where the wants and needs are of the client.

Sometimes we don't often think about what we want and need as a clinician, and so it can be important to take that time to reflectively think about that and really ask yourself so that you can come from a cleaner place of really understanding what is important and what isn't important for you.

When I think back on my own clinical career, this really typically happened when a client would be interested in doing some kind of intervention with something that I didn't necessarily disagree with, and yet I didn't necessarily know that the intervention would have the effect that the client was actually looking for. Often they were looking for something that felt like a "quicker fix" than what I was offering. And so I didn't necessarily believe that the intervention would be what they were actually looking for in the first place.

The funny thing is oftentimes the clients would come to me to discuss this option, almost looking for my blessing. And while I've always been pretty clear that they clearly did not need my blessing to seek out any kind of intervention that they want, I was also very careful to be honest with my current understanding, especially my clinical perspective of both the pros and the cons, the upsides and the downsides of any intervention that would hopefully be able to help them to create a decision from more of an informed consent point of view.

So then what happens if a client then determines that they do want to move forward with an intervention that isn't necessarily involved directly with us, and yet may or may not interfere with our own intervention? It can feel like you have

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an ethical dilemma of how you want to choose to show up or not show up with this kind of client.

The second potential ethical dilemma that can come up for me as a clinician is that if something were to go “wrong” with the client, there’s the dilemma of whether or not my professional participation contributed to or could potentially contribute to the potential harm or issues over a treatment of a client.

Ultimately, where I’d say that that often comes in, really in an ironic way is really in private practice, especially in a system where I work with many clients that are accessing services, often from both a public practice perspective and a private practice perspective. And so in that kind of situation, they are families that are looking for more service than what a public practitioner can provide through supplementation from a private practice.

These kinds of families might be looking for a service and they’re not necessarily always excited about me consulting with my public practice peers because of either a perceived or real consequence of me contacting them. So, to be clear, for example, some families who were waiting or even receiving a certain amount of service from public practice would be told by a clinician, if you then choose to access services from private practices, you would either lose the service from the public practice therapist or you would be downgraded on the waitlist.

And I do even understand that perspective, having worked in, again, both a public and private perspective. I understand the public perspective because it goes something like if you’re seeking services from that area, there’s a concern, possibly from a medical college regulatory issue, that if something were to go wrong, which clinician is liable for any injuries or issues that come up?

And there’s also the understanding that public clinicians often have the burden of how do they prioritize care? Public practitioners typically have large wait lists, and this can be used as a way to protect service for those who, for whatever reason, don’t have access to private practice services. The challenge as a private practitioner is the right that the client has to decide who I, as a clinician, can talk to, including other clinicians within my profession that are in

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organizations that are in a public practice. And the right for the client to decide how often they feel like service is enough for them.

So even if there isn't another public therapist involved directly, if a client wants to come more often than what I had initially thought would be appropriate, it can be either a perceived or a real ethical dilemma. Do they actually need the services that they're requesting? It can feel like a fine line that's not actually black and white between what the client wants and needs, and what the clinician perceives that they want and need as an ethical, clinical professional.

So the question I like to ask myself in order to flesh out what's important for me as a clinician, is something like what do I want and need as a clinical professional based on the client's assessment and how I want to show up as a clinician? Deciding ahead of time how I want to show up as a clinician can really help me to decide where am I in alignment with the client and where am I not in alignment with the client?

Once you have an understanding of both sides, then the third, and perhaps most powerful question you can ask is, what does my highest professional self want in this situation? Or another way to ask it is how does what my client wants and needs fall in alignment with what I want and need as a clinical professional?

So often, when we look at problems, notice how we're looking for how we're different and we don't always look for the similarities. This can be an amazing opportunity for you to see where you and your client actually are in alignment. And starting from that place of alignment is a beautiful way to create both trust and engagement for yourself as a clinical professional and with a client, and an opportunity for both of you to possibly co-create a better way than either of you came to the situation with in the first place.

Now these three questions, what does the client want and need? What do I as a clinical professional want and need? And then finally, how does what my client wants and need fall in alignment with what I want and need as a clinical professional? These questions are not going to bring you to the land of rainbows and daisies.

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It doesn't mean that there might not still be a potential conflict. But again, it can provide this opportunity to see where you are similar and to come from that place of co-creation. In this way, when we are truly client-centered, or even more importantly, client-directed, we can value the empowerment that we want to give to clients as being the highest and best authority in their own lives, as well as giving our own selves the permission and opportunity to be the empowered version of who we want to show up as as a clinician.

Ultimately, it gives you a better chance for a more favorable outcome. And the alternative is to feel in conflict with all the thoughts and feelings that come up with that conflict where you feel like either you win or the client wins. And when we come from a place of either you win or the client wins, I guarantee you, nobody wins in that situation.

So give it a try and let me know how it goes. For real, I want to hear how it goes for you. I can't wait to find out the impact that you create with this. Thanks so much and 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*.

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