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Clinicians Creating Impact with Heather Branscombe

Episode 99, When You Get Injured by a Client.

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. This podcast episode is being recorded at the end of a really interesting work week. And one of the things I'm really grateful for is, as I continue to work with so many amazing clinicians, it provides me an opportunity to find so many ideas for the podcast. And so, I want to acknowledge that today's idea for today's podcast came from a team meeting that I had with our staff.

We have monthly team meetings, and it came from a question-and-answer period. And so, I'm so grateful for the people that I work with. And if you're listening today, just know how much I really appreciate working with the people that I do, because they bring up such amazing questions and problems that I not only get to help solve for by working with these amazing people at Abilities, but I also am able to take my thoughts and to be able to share that to clinicians like you.

And so, I hope you can take this podcast episode today for the gift that I intend it to be. I really hope, especially when we're talking about getting injured by a client, I hope that you can take this with the intention that I am creating with this, which is to provide almost like an emotional first aid kit. So, let's dive into today's episode topic, which is, what is the right thing to do when you get injured by a client?

Now, I hope that, first of all, that this never has happened to you, and hopefully it never does happen to you. But even if it hasn't happened to you, it is always helpful to be able to think about these things in advance so that, heaven forbid, if this does happen to you, you understand what you can do to protect yourself and to protect your client moving forward.

And one of the reasons that I really wanted to talk about being injured by a client, because obviously, if you do, unfortunately, get injured by a client or a patient, there are the physical injuries, and those are going to be more obvious. And those will hopefully be taken care of by yourself, by first aid, or by caring healthcare professionals that can help you to manage through that. But I really want to focus today on the emotional injuries that can happen.

And those are some of those feelings that can be generated by an incident where you get injured by a patient or a client. And so it can generate feelings such as feeling unsafe, feeling mad, feeling like it's your fault, feeling guilty, or feeling some kind of shame.

A lot of the college health standards or practice guidelines we have are generally here to protect the client. And that is really helpful. I want to offer that you are as important, especially in this kind of situation as the client is. And we want to navigate this kind of situation in a way that understands that it can feel both confusing, and it can feel super unusual when this kind of thing comes up.

When I've thought about this for myself, I can't actually think of an actual incident where I've been physically or severely injured by a client. So nothing major comes to mind. Although, have I been vomited on, bitten, hit? Absolutely I have, but nothing so severe that I can really generate that quickly, directly for myself.

Now I want to quickly offer nothing that comes to mind, not because I'm a better clinician than anyone else. So often, this really comes from the luck or lack of luck of a certain set of circumstances. So if this has happened to you, and if this has happened to you more than once, please know this is not you being a better clinician or a worse clinician than I am or than I'm not.

And this is where I can lean on my current role of supporting clinicians at Abilities. And they've encountered a variety of situations for a variety of different reasons. And so I can more easily see both sides of the situation, both the client perspective, as well as the clinician perspective. And I've been able to use this perspective, as well as my training as a coach to help to see the middle way, and especially that middle way forward for you.

So here I am today, I want to help you with my own emotional first aid kit. I will assume with this that your physical needs have been taken care of by your workplace, and by yourself, by either your work team or other caring healthcare professionals, when and if that has been needed. Physical injuries, as I mentioned earlier, are much more easy to spot, to talk about, and to do what needs to be done for full physical healing.

These emotional injuries can be much more challenging. Much like a physical injury, if your emotional injury is large, you definitely should seek professional medical attention. This is no different for emotional injuries. Only you know if you need that level of help. And if there is a question, seek help just like you would for anything physical.

So that could come in the form of a clinical counselor, a psychiatrist, a psychologist, or any other trusted healthcare professional that you have currently on your team. And again, when I say team, I mean your own team. I'm not talking necessarily about a workplace team.

So let's talk about a three step plan for your own emotional first aid when you're injured by your client. The first thing that you're going to want to do is to take care of yourself emotionally, just like you would if you were injured physically. Your primitive brain is going to be activated when you get injured. And that's because your primitive brain is that part of your brain that wants to protect yourself. It wants things to be safe, comfortable, and easy.

That primitive brain is the part of the brain that makes a quick assessment that can be helpful in the short term, but isn't necessarily as helpful in the long term. It's that part of the brain that may have even helped you to navigate the situation with your client in that moment. And let's just acknowledge that it may need a

little bit of time and support to settle after an incident like we're talking about today.

So this can be as simple as asking yourself, how are you feeling in the moment, knowing that how you're feeling could change day by day, hour by hour, and even moment by moment. As you notice what you're feeling, you can also think about what thoughts you have about the incident. So you can take inventory of that by things like journaling, by talking it out with another person, or just talking it out with yourself, whatever you need to do to help you to process the thoughts and the feelings that you have about that incident.

Another really important question that you can ask under this heading is who can support you in this situation? Think about your work environment. Do you have a supervisor, a colleague, a coach, or again, another mental health professional that is already on your support team that can be helpful for you in that moment?

Again, taking care of yourself will help you to dial that primitive part of the brain that was so important as you were dealing with the immediate effects of being injured and navigating that part of being injured by a client, but may not be as helpful as you look to healing yourself emotionally after the incident.

So the next step is you want to decide not to decide what to do next with a client until you are in a calm and centered space emotionally. You really want to be able to access that higher part of your brain or that prefrontal cortex when you make any decisions long-term that will affect either you and or your client or patient.

So knowing that, and knowing that you want to use that part of the brain that's slower to make meaning, but it often makes meaning and decisions that will serve you and your client or patient for the long term, knowing that is the part of the brain that you want to make those kind of decisions from, you really want to make sure that, again, that primitive part of the brain that you're paying attention to in that first step is really dialed down before you go to this next step.

So deciding not to decide what to do next with the client and you and that interaction until that has happened can really help you to actually ironically dial

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down that more primitive part of that brain sooner. So the way that you can do that is you can decide to suspend sessions with a client if necessary in the short term.

So say you had an incident with a client and you're due to see them the next day or two days from now or a week from now. And you know that you're not in that calm and grounded place to make a long-term decision. Again, give yourself permission to decide not to decide how to move forward right away.

So that could be something like saying to the client or the patient, I just need some time to make a decision, so we're going to suspend sessions until I make a decision that is in both your best interest and my best interest moving forward. I guarantee you, you will know when you're in a place to make a decision on how to move forward.

And giving yourself that permission will make that, ironically, much quicker because it removes that additional feeling of pressure to make a decision in the moment. So as you decide to get the support you need to support you in that decision, again, whether that's a workplace supervisor, a union representative, a colleague, a mental health professional, or somebody else that you can use to support you, that can help you to get to that grounded and calm place quicker.

And then when you're ready to decide, you can move to step three, which is ask yourself, what feels compassionate for both yourself and the client moving forward? So inherent in this question is actually another question, which is how will you keep both you and your client safe moving forward?

So some of the things that can help you to answer that question is making an inventory, who can help you? And what support do you need to keep you and your client safe? You can think about the resources you have to solve this problem. You can think about your skill set. You can think about the people that you have, the environment that you have, how you can change that environment, or other resources you might think of that you have to set both yourself and your client up for success.

Now, notice you're probably going to have a better inventory of these resources once you're in that calm and grounded place. So again, remember, we're not

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moving to this step until you've got to that more calm and grounded place when we've really removed that pressure.

Now, even when you come to this from a more calm and a more grounded place, it can still feel like a hard question to answer. And I just want to offer you that's totally okay. One thing that I've really noticed that I learned, and I think many of the rest of us learned in the pandemic is when we need to, we can be innovative.

Didn't the pandemic teach you that? If you just think about how people rallied together, and how if you were working in the pandemic, the things that you did differently, the way that you used resources in ways that you may never have before.

I'm sure if you were practicing clinically, you can think about those ways that you showed up as a clinician differently than you ever did before. And if you weren't practicing, then I'm sure you've heard stories. And if you haven't, you should probably ask some of us. Even though we're kind of three years out at this point, there are some stories that need to be told.

This is the level of innovation that's available to you always. And it's definitely available to you as you solve this clinical problem of safety for you and your client or patient.

Now, while this example that I want to share with you doesn't come from a physical trauma of a client incident, one of the areas that I've thought about emotional injuries for clinicians was when we were coming back to work as an Abilities team after the global shutdown during the pandemic of 2020.

So knowing that we hadn't been working in our clinical locations for six weeks or more, I knew intuitively that irrespective of how physically safe we could make the environment using the guidelines from the Center for Disease Control, such as things like physical distancing, environmental controls, and PPE, even those notwithstanding, there had also been a collective trauma for the clinicians that I was working with at the time.

Never in my 25-year career had this level of physical threat in terms of biological warfare it felt like, had really happened. And so again, I instinctively knew that there would be, and there was, a collective emotional injury that would need to be addressed as we restarted our work in the clinic.

Now, what that injury looked like on an individual basis would be different. Some people were really excited to come back and probably had less of an emotional injury. And other people felt really scared at the time and really didn't feel safe to come back. And so that was the kind of emotional injury that I was looking to address as we restarted the work in our clinic.

So what I decided to do at that time was really to treat the restart of our clinic from a trauma-informed lens. And we use trauma-informed a lot in our clinical practice and in the day-to-day. And often when we're thinking about trauma-informed, we're thinking about that for our clients, but this was an opportunity for me to be able to use it in that lens of our clinicians as we start back. And it's an opportunity for you to use that kind of lens as you think about solving your own clinical question of how to keep yourself safe and your clients safe moving forward after an injury.

So again, going back to this example of restarting from a trauma-informed lens, what that meant to me was using these three steps, actually, ironically, in a slightly different way, but really using the principles of choice, individual choice, using the principles of consent, and client-directed care, where in this case, for me, the client was both the clinics and their clinicians, as well as their clients that they were bringing into the clinic. To allow the individual innovation required for each individual clinician to feel safe and permission to do what they needed to do to allow their clients to feel safe.

You have that power as a clinical professional to decide what's in the best interest for both you and your client moving forward after an injury. You can do these three steps to keep your own emotional first aid kit. You can, number one, decide to take care of yourself emotionally after an injury. Step two, decide not to decide what to do next with a client until you are in a calm and centered place emotionally. And then, and only then, when you're ready, step three, you can

ask yourself the question, what feels compassionate for both you and the client moving forward?

I guarantee that by doing that, not only will you increase your impact as a clinician, you will also increase the impact that you have with your clients. So give it a try and let me know how it goes. I can't wait to see the impact that you create with this. Thank you so much for listening and see you soon.

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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. See you next week.