

Episode 1a: The Value of the Therapeutic Alliance

Shabnam

Hello, welcome to the Psychology of Case Management Podcast! This is very exciting: it's our first episode. My name is Dr Shabnam Berry-Khan. I'm Director of PsychWorks Associates and SBK Case Management, making me a Clinical Psychologist and a Case Manager – exclusively in the Personal Injury world. And this entire Podcast Series is kind of combining the two of these ideas together. And this first podcast is very much thinking about the basis of the work that we do, that I'm borrowing from psychology, but absolutely know that it has a relevance and a function in the Personal Injury world, whether you are a case manager, whether you're a solicitor, whether you are a therapist or a member of the care team, that the very foundation of the work we do, and the outcomes that we can expect as a result of the work we do, is based on one thing, and one thing alone, which is the strength of the relationship that we have with our clients. In clinical psychology, we call that therapeutic alliance, in any psychology branch, in fact, I shouldn't own that just as a clinical psychology thing! We call it therapeutic alliance. But in non-psychology terms, I guess we mean, the working relationship or rapport or the bond that we form. The idea of this podcast, and certainly the work that we do at PsychWorks is suggesting that the relationship that we as an individual professional have with our clients is a very fundamental element of that sort of building block. But it's also about building the relationship with our legal colleagues. It's also about building that relationship with the care team and the therapy teams that are around our clients. And of course, families, indeed, as well. But as always, some of these very fundamental ideas can sometimes be quite hard to define and make sense of. So that's what I think we're going to try and achieve today in this podcast. I am joined by one of our senior Associates at PsychWorks Associates, Dr Alice Nichols, who will pop up a number of times in this podcast series. She's very experienced with a number of different areas and has dedicated a lot of her clinical work to working with Personal Injury clients. And so she feels like a very good person to talk and unpick some of these ideas with. So, welcome Dr Alice Nichols.

Alice, 2:53

Oh, hello. Thank you for having me.

Shabnam, 2:55

So, 'therapeutic alliance'. Sounds like a big word, doesn't it? It's a real mouthful to say. But really what we mean is rapport, emotional bond, working relationship: different professionals call it different things, but it's definitely there, isn't it, in every sort of professional relationship with our clients?

Alice, 3:26

Yeah, I think most of MD team members will, will be taught some some kind of this in their training some kind of level of this when we talk about being client-centred, or we talk about being able to have a working relationship with somebody. And I remember back in training, just being taught the words 'unconditional positive regard'. And that being the foundation for one of the therapy styles that actually underpins most of modern day therapy, which is person-centred counselling: very, very basic, like listening skills and coming alongside people. That's always been the foundation of therapy, but I think it's the foundation of any positive working relationship.

Shabnam, 4:18

Yeah, I think that's a really interesting point. We're not asking, we're not suggesting that people ought to suddenly become counsellors. But there is something very human, I suppose, about being able to offer unconditional positive regard and to listen and to be client-centred. Everyone wants to be, you know, the centre of their engagement, as a client, with you as a professional. And so in a way it's almost an unspoken, unwritten rule, maybe, I don't know, is that probably a bit too much to say?

Alice, 4:59

No, I think you've made a really important point there. Because we all kind of know that the clients essential to what we're doing and why we're doing it, but it's very easy as professionals to go into a client's world with an agenda. So we've we've had a referral, we know, what we think they need, we know what they need, what was the list of things they need. And we can go in there and actually want to just do it, we want to just treat them for PTSD, or we want to help them with their issues and staffing, and actually that might not be what's going on in the client's mind at all. If we go in there with that agenda with them, without sitting down and coming alongside or working out what's important to *them*, we're automatically setting up a relationship where we're not working *with* them. And they're not necessarily being heard from the get-go. And so now, I think this has to be the foundation of everything that we do: is to come in and build that relationship, that Alliance, so we they know that we're on the same side as them.

Shabnam, 6:03

Yeah, yeah. And I, I've got to say, and when I when I, when I put my psychology hat on, I'm totally with you. Because the work we do, does build... has that built into it, almost as a sort of, you know, sort of ongoing theme that when you're a case manager, and certainly for me, I've really found that we can be so practical-goal-focused, and that litigation process is going on that has a timetable, that there are things that needs to be done that to spend the time, if you like, beyond the first few meetings, perhaps, focusing on what is that rapport-building or developing that emotional bond can feel a bit like it gets in the way?

Alice, 7:01

Yeah, I can really see that. if it's all right, I'd like to give you an example of a therapeutic alliance that really fits in here for me. Because yeah, I think often we think it's gonna take more time to, to, you know, to get to know the client and to develop that Alliance, but it's actually stuff that's really important and is doing, like right away really. And but yeah, when I was in training, they gave us an exercise to do where we were put into pairs, I guess they were wupposed to be therapist/client pairs, and we were given a pencil. And we were told we needed to hold the pencil between us. So we each held up our index finger, and we held the pencil between our two index fingers, my index finger and the other person's index finger. And we were then told to pick a space in the room that we needed, that we wanted to go to, not to tell the other person where it was. But to try and get them to get there without letting the pencil drop. So you needed to both be exerting similar levels of pressure on that pencil, otherwise it was going to drop. So obviously, if you've pull away from them, it's going to drop, if they pull away from you, the pencil's gonna drop. So there's a whole bunch of psychology trainees standing in this room with pencils between their fingers, and no one wants to move. So no one's going where they want to go. Because they're scared this pencil's gonna drop. And then of course, you might be thinking, I'm gonna try and get them to go over there. But if they try and go where they want to go, and you try and go where you want to go, the pencil drops, and you've lost your therapeutic relationship. But of course over time you figure out, actually, if you just go where they want to go, then at least they get where they want to go. And, but what I didn't really realise until it happened was actually once you do that, and you go where they want to go, I'm very happy to go where you want to know, because they've they've been where they needed to go, they've done it, and they can then... they have actually got the time for you because you've gone with that, and they'll then come back with you. And the pencil's not getting dropped. And so I mean, in this example, the pencil is the therapeutic alliance. And I think sometimes we go and see clients, and actually, there might be a really important case management

task you need to do with them. I'm trying to think what it might be, but I'm sure as a case manager you've got a much better idea than I have, like an important task you might need to do.

Shabnam 9:28

To actually recruit for, you know, for care for care position for support worker position or something, you know, something that's important fundamental to the work we do. But you know,

Alice, 9:43

If you want to recruit staff, yeah, to recruit staff, and then it's really important, and it's actually pretty urgent, but they're really bothered about someone parking in their car parking space. And to them, that's a really big deal. And maybe it's a big deal for all sorts of reasons. The car parking space, and but it can be very easy to come in and be like, yeah, okay, whatever. But actually, if that's not important to them, if that's not on their radar, if that's not where their head is that right there, and then they're not going to do the things you need them to do, they're not going to get on board with what you're doing, they're not going to do the bit, you maybe need to do independently of you. And neither of you are going to be moving anywhere with your goals. Whereas if you sit down, you listen to the car park problem, and you do a bit of problem-solving with them. Maybe you write a letter to someone or your phone a buildings manager, or, you know, whoever it is, that leaves, you know, whatever needs to happen to fix the problem. And then yeah, it might not feel like a top priority, but actually, you've built rapport with that client. And actually, the next time you see them, they are happy to talk about recruitment.

Shabnam, 10:55

Yeah, it's really interesting when you were talking about the pencil analogy, and I can really see how sometimes it feels a bit like paralysis between you and your client. That actually, we don't know how to move forward, because they have a position, I have a position. And we're unable to kind of move off the starting block even, or wherever we've stopped, in order to be able to, to do anything. So in some ways, I suppose, even if you're not doing the thing you as a professional think the client ought to be doing, doing whatever your client wants you to do first allows... paralysis is possibly the worst position to be in [chuckles]. Not doing anything as a case manager feels incredibly scary. But doing something that feels like it fits the client, at least feels like it gets us off that 'stuck' position. But as you're saying, very much so, it will open up the option to then do whatever the case manager feels, or the legal team would like the client to do.

Alice, 12:17

You're building up that rapport in that relationship as well, so the client is starting to see you as someone, they can trust, someone who is useful to them and someone who is on their side. So it's, it might feel like it's a waste of time, because actually a car parking space is irrelevant, as far as the big picture concerned. But actually, it's just, it's just for this relationship with the client, and you've got their attention. And they started thinking you're useful person for them to be involved with.

Shabnam, 12:51

Yeah, it's, I guess, I guess, ultimately, it's the power of being acknowledged and validated and heard, which brings back, you know, brings us back to the original, unconditional, unconditional positive regard and the listening and being client-focused, which you said right at the beginning. Because I suppose the, the idea of kind of connecting with our client's pain, or upset or suffering, is why we do what we do. And that might obviously it presents on a much bigger level in terms of their injury and the impacts of their injury and moving their life as a whole forward. But I suppose you could also apply that to the micro-pains and

sufferings that they experience, which may well be about the parking spot, or something equally difficult for them to endure on a daily basis. But can become quite big and tricky. When you're trying to focus on some of those bigger issues as a professional. I'm minded of how it's important, then, as a case manager and other therapists, though, clinicians working with our clients need to think about the impact really of trauma on the therapeutic alliance, and how much harder it is then to create that therapeutic alliance with someone who has a trauma background.

Alice, 14:33

That's a really good point, I think. We have to bear in mind when we get into people's lives as professionals, that previous experience of professionals and not even just professionals, but maybe even their parents, people who have been meant to be looking after them in the past and maybe haven't. And I see this a lot in medical malpractice cases. So actually people have really difficult experiences of medical treatment where they haven't been heard or their needs haven't been met. And you know, they're living the consequences of that. And of course, if there's litigation, some people might, it might be that things have been argued about, and it's left the client feeling that people haven't met their needs, and they haven't had. And they've been hurt and result of that. So actually, in that scenario, it can be really difficult to have any kind of professional coming into their life saying they're there to help them.

Shabnam, 15:27

Yeah, yeah. And the words 'safety' and 'containment' spring to mind.

Alice, 15:37

Yeah, they need to feel safe with you. And that's not necessarily an easy thing to achieve. But you're not going to get very far at all until they feel safe.

Shabnam, 15:49

Yeah. I kind of wonder if, and sometimes I hear other case managers talking about how it feels very difficult to follow the client. And because there's a sense of the client's emotional response to their situation in that moment being the reason for why we therefore can't move forward in a sort of goal- focused, litigation- focused way. And how that almost makes it can make a case manager feel sort of manipulated. And I suppose there is a fine line between feeling manipulated, and you know, and feeling like the emotions are driving the client, perhaps, in a way that or or the, the work with the case manager in a way that isn't perhaps, I suppose genuine to the, the situation, or there's something about it not being massively honest, perhaps, and using it as a distraction. And I'm curious about how a psychologist would advise a case manager in that position, who has a sort of sense of, Hmm, there's a lot of emotion here, but I'm not sure. If, if by sitting here listening to all of it, I'm building on a therapeutic alliance, or am I just being taken on a bit of a ride?

Alice, 17:29

Yeah, that's really tricky. When those feelings get evoked in us, it's really tricky. And it's, I think, when those feelings are evoked, it is really helpful to take it to supervision, actually, and just check it out and check what's coming from the client and what's coming from you. But I would say, what clients evoke strong feelings in us, I would always try and think about *what* is being communicated, and, you know, in that. Are they communicating a need, are they testing to see whether or not you are safe, are they testing to see how you're going to react? And that can feel quite manipulative, but I think it's important to see it as a need being communicated, so so they are communicating a need to test whether or not you're safe, and they are communicating, maybe that they don't feel safe, or that they have all these emotions, they'd like

to see how you how you manage them, whether you are someone who can contain the emotional stuff that they're bringing to the relationship. So I think when something doesn't feel quite genuine, or it feels a bit misplaced, it's okay to notice that it doesn't feel quite genuine, but I would still let it play out and see what happens. You know, I would take notes, but bear in mind, the client's vulnerability in that relationship, and actually how they might need to test out whether or not you're safe for them.

Shabnam, 19:17

Mmm. And I, I suppose, and in that sense, and when you talk about genuine and, we talked about honesty, I suppose you as a professional, as a clinician bring that to the table as well. This isn't just about... I think the therapeutic alliance is a two-way street, in that sense. Like it only works best if you are yourself as a professional being genuine, being open and honest about the impact of the relationship on *you*. And that isn't to say that there are no sort of... there's the professionalism is lost in any way, but I just mean it feels like they're not able to meet, you know, but I don't feel like we've been moving forward at the last few sessions or, you know, I know we've been talking about x, y, and z, but I'm very mindful that we do need to think about also A, B, and C. And there is space within the therapeutic alliance, I guess I'm trying to say, where you bring your needs. Professional needs, to the table as well. And that's okay.

Alice 20:29

Yeah. And actually, it's really important to name that sometimes that, actually, you could say that about what you're feeling in the room as well, you could say, I'm noticing a lot of feelings in the room right now. I'm wondering what's going on? I'm wondering what's going on for you? I'm aware that, you know, I've got this agenda, and I, you know, I've got all these things that I need to do, or that I think I need to do or that are on the timetable of things that need doing. And I wonder how that feels for you, you know, does that... Yeah, what's your experience, this list that we've got, all these tasks at hand? How does it feel that I'm coming in here, and I'm asking you to do all this stuff? And actually naming it like that can open up... It kind of gives them permission to say, what the problem is with it, or where they're at and why they're struggling with it.

Shabnam, 21:19

It then it makes me think about a little bit about the idea of being values-led. Not just for not just the client, obviously, but for you as a professional, as well. But it kind of brings you back to the kind of... your basic needs, I suppose, as a, you know, in this relationship. And what are we... it kind of allows us then to be able to focus on what the goal is, you know, what are we trying to aim at together: we have these different experiences and these different elements that we're bringing together, dumping it sort of on this table that we call the therapeutic alliance, or the therapeutic space? And what sense are we going to make out of all of this to also get us to a shared goal, end-point?

Alice, 22:17

Yeah, it's really nice to be really transparent about what your agenda is, and actually allow the client to bring to bring their agenda as well. So you know, what do you want to talk. These the things that I think need to be sorted out, but what do you think, and what do you think needs to be sorted out? Yes, it's just just being crystal clear about why you're there and, and allowing them to, I guess, equally crystal clear about about what it is that they want from you, because they might not be the same. But if it's out there, you can start to collaborate on, on what you're both able to do for each other.

Shabnam, 23:07

Hmm. Yes, 'collaboration'. That's, that's the word we haven't used but feels exactly what the whole therapeutic alliance is about isn't it: it's a collaborative effort, it's...

Alice, 23:24

And thinking about safety as well, you know, telling them what to expect from you. And I think that's, that's a really important thing, if someone doesn't feel very safe, you can say, this is my role. This is my plan. And this is what I'd like to do with you. And this is kind of what you can expect from me. And then I just think we were speaking about earlier today, I think the clients needing to know that what you're doing for them is because you want to help them. So, framing everything in terms of how it's going to be helpful for them and how you want to help them rather than because the solicitor says we have to do this this next year, it's very easy to kind of make it all external stuff that needs to happen to the client actually being really clear about the rationale and making it because it's in the clients best interest and because actually, you've got a genuine compassion for the client and their situation. That's also like a kind of narrative that needs to develop to help them to feel safe and contained in the relationship.

Shabnam, 24:25

Yeah, yeah, absolutely. And I suppose that sort of cultural or religious factors and experiences would need to come in under that same sort of umbrella. I, you know, I think having having a curiosity, you know, reasonable curiosity about that, and, and not making assumptions and, you know, being able to bring all aspects of somewhat of a person into how they experience their priorities and where their values come from, I suppose is, is, is also incredibly important.

Alice, 25:09

That's a really good point because actually there could be something in your plan that is just not going to work for them. And actually, there'll be something else that would work, I'm sure, yeah, they're actually sometimes there's an element of the language that we're using, or there's a point in the plan that actually is just never gonna work for them. And it needs that needs to kind of be talked about as early as possible.

Shabnam, 25:37

Yeah, yeah. In some ways, being able to talk about some of these sort of client-oriented points, I guess it just ultimately, it helps you become more approachable, that lots of things can be talked about. And all those things can be talked about with a sense of openness and respect. And it helps us appear much more human, which can only be a good thing, because, I suppose were much more likeable, then. And that makes a big difference. And equally, you know, likeable on a sort of equal footing, I suppose to some degree, which I think it helps. I guess in a way, it just, I guess it helps make the relationship a bit more balanced, which I can imagine would, well, I know can make some of our clients feel much more in control of the direction and the future of the relationship, certainly with their case manager, and I guess with their solicitor who is so important in this litigation journey that they have embarked on either for themselves or for their family member. And within that we need to remain boundaried and professional, as well. And I guess it's about giving, you know, it's self disclosure, enough of a self disclosure, for them to see that you're human and fallible to help build that human approachable persona. But but it's, it's not giving away too much. Because actually, we're not here for us. We're here for our clients. And it's quite, I find, as a case manager, it can be quite hard to be boundaried. I know I'm coming from a very boundaried profession as a psychologist into a much more relaxed informal setting as a case manager. And so I find that sometimes my boundaries can be challenged a little bit. I think it's about knowing where that is, for me, without impacting negatively on the therapeutic alliance. And I've had to really work at that over time. And I think I've got a balance that allows me to maintain a good relationship now, and it's different for each person, I do appreciate, though I think it is worth investing the time into thinking about that, because we all come from

different as case managers. And we do come from very different clinical backgrounds. And so where our boundaries are, and what we understand as professionalism, you know, might feel very different when we're practising as case managers. But that's all part and parcel of the development of that therapeutic alliance.

Alice, 29:14

Yeah, and I agree, there's something about actually sharing a little bit to make yourself, you know, human and relatable. But not enough that the client is worrying about you or thinking about your needs in the relationship. I mean, other than the professional like: these are the jobs I've been told to do. But no, you want them to be you want them to be absolutely central. And I think I yeah, I think the thing is that they don't have to worry about your needs. Because I guess if you give them any kind of level of information, it's going to then make them think, "Oh, I wonder what's that like for her? Because I know she's got a toddler," or something like that. And depending on the scenario, you know, you don't want them to be worrying about you or holding you in mind. But you want them to know that you're human. And, you know, you kind of get what it is to be human, which you don't want, you don't want to appear perfect either, because that's, that's not relatable.

Shabnam, 30:11

There's nothing more off-putting than a perfect person. A perfect-seeming person.

Alice, 30:16

Yeah, exactly.

Shabnam, 30:20

I mean, the therapeutic alliance for me, is definitely one that I feel probably can be summed up as a relation... an emotional relationship. And that, the stronger or the greater the therapeutic alliance, the more likely it is that you're going to achieve better outcomes. And it's the strength of the therapeutic alliance is a better predictor of those outcomes, then, whatever tool we do or don't use, or whatever goal we focus on first or second. At the end of the day, it will be overall a more positive experience and with positive outcomes for our clients. And for us, I think, you know, holding us within that relationship, the other part of that half, you know, there's the other half of that, that bond, and it's likely to be protective to us as case managers as well, that we're going to feel like this is a client where, when the telephone rings, like not going to go, "Oh God, not them again," it's probably going to be met with a lot more positivity, and perhaps even, you know, bit of, you know, you Oh, it's lovely to hear from that person, perhaps. And the relationship is going to be more sustainable, and is going to be able to handle any bumps that come along, inevitably will come along with the journey, particularly in litigation, and any clumsiness. I think that's the other bit that I feel it can do: it can help tolerate if I say something clumsily. And certainly there have been times where I've said things clumsily to clients that I have a good relationship with, and they've just forgiven it. Whereas the clients I struggle with, I think, oh crikey, this could be the make or break, because I just haven't quite got it right with them yet. But it's a work in progress. That's the other thing I feel about therapeutic alliance, it's not something that you just *do*, and then you can say, right, I've done it. Like the foundations of a house, you know, if you don't get that right...

Alice, 32:56

It would be amazing if it was, but no, and I think that's part of the secret, is that it's something that you need to keep checking in on because if you've missed something important, it's going to have an impact on the therapeutic alliance. So you do need to keep checking where it's at. And, you know, just making sure

that you've not lost sight of your client and their needs. Because it is easy to do that, you know, when we're in such a kind of goal-driven world, you know, the way we everything is contracted, there's a goal isn't there? And it's an aim. And actually, it's really easy to lose our clients in that, to lose their humanity and our relationship with them.

Shabnam, 33:41

Absolutely. And ourselves in that, I suppose, to think of it as a reflective experience as much as a sort of relationship that we're building specifically for our clients, with them and for them, but actually, it's with us and for us as well. Because we want to achieve things with them, for them. So, I suppose if you know, for our audience members who are listening and thinking, yeah, that's all very good and well, therapeutic alliance, we all, you know, sort of know that and it's been, you know, helpful to have that reiterated, but how do you *improve* your therapeutic alliance? How do you think about therapeutic alliance? Do you have any strategies and that you might recommend, as a psychologist talking to a case manager?

Alice, 34:41

Yeah. So I guess I would just say start it from the very moment you begin, so if you know that, that needs to be the priority when you meet a client for the first time is to build that rapport and then to carry on throughout your time together.

Shabnam, 35:00

So it's not something that you can sort of either do just at the beginning and then forget about it equally, it's best if you start it right at the beginning and carry it through. Because it just needs that it needs that connection constantly, or reconnection. As a relationship develops, and the work progresses.

Alice, 35:29

I guess I would periodically then ask yourself, like, I guess as part of that, check in, check in with the relationship. And you can do that by asking, So do you feel at ease with this client? Do you feel comfortable with this client? Do you feel like you can ask them about a difficult topic? Yeah, just because you feel like you can ask them about why they're struggling with something in their rehab? Or does it feel like there's a barrier there? Does it feel like, actually, there's things that can't be talked about in the relationship? And it might be that you actually ask them about that you actually say, what's, what's working well in the relationship? So actually, I'm doing really well on this part of our work together that's going well. And you know, why is this easy for us? Why is this going so well? And then I've also noticed that this other part of our goals, where we just didn't really making any progress. And we feel really stuck. And I wonder what's going on there. So you can actually ask them about it. And, and, and you can ask it in terms of the goals and the things that you're working on, but you could actually ask them about. And you can also ask them more directly about the relationship. So when do you find difficult working together? You know, what's going on there? And what needs to change? What could I do differently that would make it easier for you? And are they coming to you with their problems, is another really nice measure. If they're coming to you and saying, I've got this problem, maybe with a parking space. But maybe something else, you know, they're coming to you with the problem, it shows that they trust you and they're finding you helpful.

Shabnam, 37:26

Yeah. And it's really, it's really helpful questions, actually, to ask ourselves, because that, again, brings in the reflective element, which is something I always try and what I tend to harp on about.... I don't try to, I just do. But one of the one thing I liked about that point, and was the actually it's worth asking those questions, even when things are going well, because that is a massive clue into what works, it doesn't have

to be a question, that set of questions that you ask yourself when things are not going... just when things are not going well, but it can be sometimes harder to identify that. And it's hard to ask these questions when things are a bit rubbish with your client, at times, and you're thinking, I really just don't want to even answer the simple questions, let alone the complex ones, like what's working, or what can make this better? Remember that time when you liked me, once upon a time, what was good about that?

Alice, 38:28

Yeah, that's a really nice point. That's a really lovely conversation to have. And things that you can say: Oh, yeah, we totally nailed that. You know, what made that work for you? And actually, everyone's having quite a nice conversation now, aren't they?

Shabnam, 38:43

Yeah, good. Okay, brill, but there are times where it's all going to go a bit wrong.

Alice, 38:51

And that's okay. I guess that's a good final point is that when things go wrong, that's not actually necessarily a bad thing. Because actually, we can then show them that actually, we can repair the relationship. If we make a mistake, and we can then go in and apologise and say, I'm really sorry, I did that. And you know what, I'm sorry, that didn't go the way I hoped it was going to go. And I'm sorry if that's made things more difficult for you in the short term or if that was distressing, or anxiety-provoking for you. You're modelling that it's okay to get the things wrong, and that the relationship can survive. So they can make a mistake, they can ask a question that feels a bit risky. And actually even if they get it wrong, you are going to tolerate that: the relationship has the strength to tolerate people doing things that maybe weren't quite right or a bit misjudged. And you know, you won't hold it against each other. And actually we know that relationships where there is rupture and repair are stronger because of that: because they are tested and people feel confident that they can withstand the test. If you know if we only get on with someone, and we've only ever had nice times with them, and we've only ever done exactly what the other person wants, then there's this real kind of fear that actually, if we were to take a step away from that, and we weren't to give them exactly what they wanted, it might all come crumbling down, and we don't know, we don't know that for sure. And that's the risk. And so it's really important that they know it's okay to make mistakes. And that actually, the relationship will survive.

Shabnam, 34:31

Yeah, yeah, that feels like it extends beyond the professional-client relationship... like personal relationships you know romantic, partner relationships, children, anything: it is that crucial, isn't it? Rupture and repair: that's how it goes in order to progress, I guess, because it can't always be hunky-dory; it can't always be fine. That's brilliant! thank you so much for those three strategies. I think they feel – from a case management perspective – really helpful to think about: starting from the beginning, and continuing with it because that will help build more sustainable relationships as you go along; asking yourself these questions: you know, how comfortable I am, and what's working, what's not working, and will my client be able to come to me with their problem? I think that's a sample of the questions that you suggested; and the rupture/repair idea: it's okay to have to repair a relationship that needs it.

I can think of one client experience that I had probably about four years ago, and it was a tricky situation... I think Mum described it as me betraying her, because I talked to her about – it's a big word, betrayal! – I talked to her about having to call... having to think about how support workers might feel like calling the police if her son's behaviours are not better managed, which is something that I had been trying to think with her about. And she was really upset because she genuinely thought that the police would never do anything to her son, because he has a brain injury. Unfortunately it doesn't work like that, and someone

who presents with at-risk behaviours is someone who is seen as someone who presents with at-risk behaviours! And then some protection is needed towards the people that those behaviours are being aimed at, even if that person is her, as Mum. I would say now my best client relationship is with that mum. It took a little while – I'm not going to pretend it wasn't uncomfortable: it wasn't easy. And then there was a time where I genuinely thought "This may not improve," but I did stick at it, I did try and do that sort of reflective analysis and I did have a couple of conversations with her about it but, once the scab had become a scar, rather than too soon after – and I think that the timing was important in that sense – and now I think things are great: she and I get on incredibly well. She is someone who will call and I will think, "Oh, it'll be nice just to speak to her, because it's been a while, and I know we wanted to email the other day; I suspect she's calling back about that, and that's fine," and it's a feeling... it's lovely to be able to say that about a client relationship, but I know that's not always the case with all my clients, unfortunately. But I know that that a good therapeutic alliance feels so lovely when you get it right, that it's totally worth investing in. So I have to remember that, and I definitely do try and bring that into every trickier relationship that I have with some of my clients. But it is possible.

Alice, 37:56

It's a really nice point. It actually makes our job nicer too, doesn't it? It obviously makes things a lot better for the client, but it makes our job much less stressful and much nicer to go to.

Shabnam, 38:08

Absolutely, and I think longevity in my work, for me... it sounds a bit strange, but it's part of my business plan! My business does not work well if I am not functioning well, and if there's anything I can do to make me feel less stressed and to be able to be firing on as many cylinders as possible for my clients, that's all good: that cannot be a bad thing. I know it sounds like a strange thing to say, "It's all part of my business plan," but you know: the name of the game is keeping *me* sane as well, in a stressful world.

Alice, 38:45

It needs to be sustainable, doesn't it, and if it's sustainable for you, then it means you're going to be able to show up and be there for your clients, doesn't it?

Shabnam, 38:55

Yep, absolutely. Ah, that's great. Thank you so much for your time and for your insight into the psychological ideas behind therapeutic alliance, and for sharing some of those ideas. That's brilliant.

Well, that takes us to the end of our first podcast! We hope you enjoyed it as much as we did, and we look forward to you tuning in again. Bye for now!

Guest: [Dr Alice Nicholls](#)

Presenter: [Dr Shabnam Berry-Khan](#), Director of PsychWorks Associates

Editor: [Emily Crosby Media](#)

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