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Final Paper

How does worker-client relationship benefit clients’ recovery process in regard to strengths perspective?

TSANG Ka Yee
Abstract:
Medical model has been the dominant practice in mental health service for many decades. In 1985, Dr. Charles Rapp and Ronna Chamberlain have developed a totally different perspective to view mental illnesses, which is the strengths perspective. The main contrasting standpoint of these two frameworks is that medical model emphasizes strongly on the expertise of the social worker while strengths based practice focuses more on the clients’ capacities to recover (Saleebey, 2006, p.17). The worker-client relationship will be influenced tremendously as the power and position of workers and clients will tend to be more equal than and not as hierarchical as the one in medical model. How the changes of the worker-client relationship affect the recovery process of clients is the concern of this paper. The practical experience gained from the integrated community center for mental wellness (ICCMW) will be used as the illustration in clarifying it.

Definitions of the worker-client relationship and recovery:
Before exploring the influences of worker-client relationship toward the clients’ recovery process in regard to strengths perspective, the definitions of worker-client relationship and recovery should be well defined as there would be various interpretations under the lenses of different perspectives. In contradiction to personal relationship, worker-client relationship is a kind of professional relationship, which should be purposeful and within a boundary (Peterson, 1992). When getting along with friends, we can share the intimate, personal details of each other life. However, in the relationship with clients, it should be goal directed and growth oriented. Social workers should know clearly what the goals are in that relationship and work together with clients to achieve those goals. Moreover, to enable clients to have personal growth is also the main function of the professional relationship.

The worker-client relationship is not only purposeful but also be within boundaries. Professional boundaries are a set of guidelines, expectations and rules which set the ethical and technical standards in the social care environment. They set limits for safe, acceptable and effective behavior by worker (Cooper, 2012, P.13). Moreover, the limits allow for a safe connection based on the client’s needs” (Peterson, 1992, p. 74). In this saying, the professional relationships should be bound by the boundaries and solely for the clients’ needs. However, the American psychoanalyst Andrea Celenza (2007) captures a central issue in thinking about professional boundaries – that they are both real and chimerical. In making the concept of professional boundaries to be more concrete, the National Association of Social Workers (NASW) Code of Ethics was published in guiding the behaviors of social workers. Social workers must be knowledgeable and mindful of the NASW Code of Ethics, which provides a comprehensive and strategic outline of one’s professional standards and conduct in meeting the needs of those they serve. Stated clearly on Code of Ethic (1999), social workers must conduct themselves with professional integrity in their relationships with clients and dual relationship is prohibited. According to the NASW Code of Ethics (1999), dual relationships occur “when social workers relate to clients in more than one relationship, whether professional, social, or business” (p. 9). In
this saying, there should only be one worker-client relationship between worker and client.

The worker-client relationship is a relatively more clear-cut concept when comparing to the concept of recovery as the former one would not be affected under the different lenses of perspective. In the practice of medical model, recovery is impossible for the people who are diagnosed with mental illness. They are being categorized to be sick for the rest of their lives (Deegan, 1997). It is a pessimistic model to view recovery. However, in strengths perspective, recovery is viewed as how a person lives life in the midst of experiencing symptoms, facing stigma or trauma, and other setbacks (Rapp & Goscha, 2012). According to Patricia Deegan (1988), “recovery is a process, a way of life, an attitude, and a way of approaching the day’s challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again... The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work and love in a community in which one makes a significant contribution” (p.15). Song & Shih (2009) stated that recovery is the rediscover of one’s self and the world (p.64). Although there are various definition of the word “recovery” in mental health, with the adoption of strengths perspective, recovery, in this paper, can be defined as the process of discovering and working toward the fullest potential with the mental illness as a human being.

Applying strengths-based practice while working with people-in-recovery:
There are six important principles in guiding social workers apply strengths-based practice which are (1) people with psychiatric disabilities can recover, reclaim and transform their lives; (2) the focus is on an individual’s strengths rather than deficits; (3) the community is viewed as an oasis of resources; (4) the client is the director of the helping process; (5) the relationship is primary and essential; (6) the primary setting for our work is in the community (Rapp & Goscha, 2012, p. 52). It may be impossible to apply all principle in working with one client; however, the principles remind workers the central values of the strengths-based practice, which are hope, empowerment and relationship. Therefore, when working with Madam M, the majority of the principles had been applied.

Basic information of Madam M:
The strengths-based practice had been applied while working with Madam M, a 53 year-old woman recovering with depression. Madam M was first diagnosed with depression at the age of 33 and relapsed in 2006 due to the death of her husband. She is now living with her two daughters who aged 25 and 30, who are the curial emotional and financial support to Madam M. Without any social life and the weakness of her left pelvis, her motivation to join any social activities was low. Actually, the self-esteem of Madam M was very low as well. She cared so much how others thought about her and always regarded herself as inability in doing things well.
According to Song & Shih (2009), there are three stages of recovery which are novitiate, semi and full recovery. Novitiate recovery means that people are struggling with the disable. Semi recovery means living with the disability and full recovery means living beyond the disability. In Madam M’s case, she was in the stage of novitiate.

Engaging and building relationship with Madam M at the initiate stage:
When first engaging Madam M, she strongly refused the counseling service. For her, it was abnormal to come to see social worker and the quality of her life was good enough. Therefore, building relationship with her was not easy. There were lots of distrust, reluctance, rejection and assessment toward the worker. For example, Madam M had asked that: “點解你地要幫我呀？我又唔係你地邊個...” and “我又想知點解你地會想做社工?” It could be seen that there was an eagerness for the client to know more about the worker because of the unfamiliarity and not trust was built. Therefore, after the first interview, it was difficult to contact Madam M. She used different reasons such as feeling unwell to reject. Rapp & Goscha (2012) stated that reluctance is normal for many people as they confront an uncertain and somewhat invasive interpersonal situation, and sometimes it is strength for clients to not trust because of past circumstances that have created pain and discomfort. The worker at this stage had made a mistake that relationship building is not built by only saying “you can trust me!” Empathy, non-conditional acceptance of the client, and honesty are required (Hepworth & Larsen, 1986). Clients will set the pace when they are able to trust (Rapp & Goscha, 2012, p.92). Trust for clients is the perception that “they can risk sharing thoughts, feelings, mistakes, and failure with the worker” (Schulman, 1992, p. 60). Therefore, it is a step-by-step process of engaging and building relationship.

The first interview was held by the clinical leader and me, as the practicum student. It was mainly led by the clinical leader and Madam M’s past experience was the focus. The second interview was almost a month after the first one. She was after the trip to Taiwan with her daughters. Although one of the principles of strengths-based practice is that the community is the primary setting for our work, when clients were not already, we should not forced them. The second interview was a home visit and the conversation chiefly related to her trip to Taiwan. When sharing her journey in Taiwan, she was very active and eager to share. In that home visit, nothing had been done but the most importance had been achieved, which was the linking between Madam M and me, as a worker. The worker-client relationship was slightly built because of genuine and self-disclosure.

Genuine:
The genuineness of the worker will set the stage for the depth of disclosure the client will reveal about their life, their experiences, and innermost dreams and aspirations.
In the home visit with Madam M, I had paid high attention to her sharing of travel stories. It related nothing to her history of illness or the recovery plan. For example, places and the best foods she had tried in the trip were the things that she eager to share. In the conversation, I always showed interested in what she said and asked more details of the things she shared. At the beginning, I worried I did the thing wrong as it related nothing to the recovery plan or did not benefit for the recovery process. However, given Madam M’s previous resistance to the service and the here-and-now ambition to share, I did not want to stop her. The genuine and sincere responses from the worker encouraged clients to further share their stories. For Madam M, she was less nervous than in the first interview, although there still was the eagerness for her to know more about the worker, which could be seen from her gestures and facial expression such as smiling all the time. Clients will often readily notice whether or not the worker is sincerely invested in listening to what they have to say (Rapp & Goscha, 2012, p. 92). Therefore, genuineness is a must for building the relationship with clients.

**Self-disclosure:**

Self-disclosure is a normal component of most relationships (Rapp & Goscha, 2012). Conventional wisdom has been that workers should reveal little about their personal values, problems, fears, opinions, and so forth (American Psychological Association, 1977; Hackney & Corimer, 1973; Wells & Masch, 1986). In the home visit, I had shared not only my experience of traveling to Taiwan, but also my relationships with my sister and mother such as how I got along with my young sister and how did I concerns as the eldest in the family. Madam M showed great interested in those topic. In line with the idea proposed by Rapp & Goscha (2012), the purpose in self-disclosure is not to meet the needs of the worker, but those of the person receiving services. The reason I shared those personal details to her was that, during the conversation, I found her concerned the relationships between her daughters very much and worried her eldest daughter bore too heavy burden because of her illness. After sharing my personal point of view to her, she was inspired and had never thought that her eldest would think in that ways. When working along with Madam M, the self-disclosure was effective in lowering Madam M’s uncertainty and unfamiliarity toward the worker. It enabled the worker and client found out the linkage or things in common between them. Moreover, the sharing of worker’s personal experience worked as new inspirations to client. Those all factors benefited the process of engaging and relationship building. After the home visit, Madam M’s attitude toward the counseling service was more positive as she was less resist coming to the centre.

**The importance of building relationship:**

The home visit can be regarded as the great breakthrough of the worker-client relationship. Madam M felt more positive toward coming to centre. It had proven the importance of the strengths-based practice 5th principle: the relationship is primary
and essential. Without doubt, relationship building is never possible to be built in a day; however, with the intention to build it, the worker would not only focus on the recovery plan and process. The emphasis of clients’ here-and-now emotions and problems with genuineness, it will be easier for workers to establish a positive relationship with clients. Take the experience of working with Madam M as an example, without any positive worker-client relationship, there was usually a strong resistance from clients, which had no benefit to the recovery process as clients would never believe in the worker, let alone sharing their deeper thoughts and concerns to worker.

The flexibility of worker-client relationship and its functions:

As defined at the beginning of the paper, worker-client relationship is a kind of professional relationship, which should be purposeful and within a boundary (Peterson, 1992). In Madam M’s case, mother-daughter and sister relationships between her two daughters concerned her the most. At the beginning, I, as a worker, shared personal experience of taking the roles as the daughter and eldest sister in the family in order to show her that I would also face the problems of getting along with my mother and how I solved my problem. From my observation to Madam M, she did listen to my sharing and found my method novel. On the same time, she had given me some opinions as the role of a mother. I appreciated her opinions very much. At the end of my practicum, Madam M had said that when she was talking with me, it felt like talking to her daughter.

However, did it mean we build a mother-daughter relationship, which went beyond the professional boundary? As said by Rapp & Goscha (2012), the role of the worker should resemble being more like a traveling companion with the person on their recovery journey rather than a travel agent. Both parties should learn from each other and enjoy the time spent together (p. 72). Deitchman (1980) stated the travel agent’s only function is to make the client’s reservation. The client has to get ready, get to the airport, and traverse foreign terrain by himself. The traveling companion, on the other hand, celebrates the fact that his friend was able to get seats on the plane, talks about his fear of flying, and then goes on the trip with him, sharing the joys and sorrows that occur during the venture. (p. 789). In the process of working with Madam M, I was her traveling companion, who was able to share her joys and difficulties. Because of our own experience, she provided me ideas from the views as a mother and I was able to share my opinions to her as a daughter. We did not have any behavior and actions which exceeded the boundary of worker-client relationship.

Rapp & Goscha (2012) said that the client-as-teacher is an empowering role as they are engaged in a process of meaning making and self-understanding (p.72). In providing the opinions as a role of mother, Madam M had also inspired me in solving my conflicts with my mother. For example, Madam M had shared that when she saw her eldest daughter back home late and looked tried, she worried so much and did not want her get sick because of the tiredness. She had tried to talk to her daughter but she rejected Madam M. In responding to Madam M, I had shared the similar story.
to her that once I was angry with my mother as she did not understand my weariness and kept talking to me. Actually, the experience we had was the same; but one underwent it from the perspective as a daughter and the other one was from the perspective as a mother. Through the conversation with Madam M, I was able to understand the views of my mother and asked for the suggestions of Madam M what the best way of response was. Through this kind of stories exchange and pretended mother-daughter relationship, Madam M was able to have new insights toward her role as a mother because she would have better idea about how her daughters thought. Moreover, it enhanced her sense of ability as she did not only come for help; but was able to inspire the worker.

The worker’s role as the countervailing mirror and its effects on Madam M:
Apart from being the traveling companion, I also worked the countervailing mirror to reflect what kind of person Madam M was. Identity and perceptions of the world are developed based on the cumulative feedback the people receive from others (Rapp & Goscha, 2012, p.78). In applying strengths-based practice, Madam M strengths, rather than weaknesses, were the focus. In exploring the past experience her role as a mother, and the relationship with daughters I was sensitive to her strengths. Rapp & Goscha (2012) stated there are four types of strengths including personal qualities, skills, environmental strengths and interests. Therefore, when working with Madam M, I worked as the mirror to enable her to recognize her own strengths. For example, from the story of taking good care of two daughters, it proved her hard-working and responsible characteristics. Moreover, it also disclosed that worked as the important environmental strengths to her. When mirroring those strengths to her, Madam M was used to reject or deny it. She had revealed in the later interview that she was not used to the praises as she had never been praised before. But she also shared that, although she denied the praise in the beginning, she was happy and admitted to praises deep in heart. Therefore, for Madam M, the role of countervailing mirror was successful in acknowledging Madam M she had strengths as well. Although she still had some hesitation toward her ability, the sense of being able to do thing was slightly increased. For example, she now would recognized her efforts and strengths she had as the role as mothers and care giver of the family. Her self-evaluation was less negative when comparing to the beginning stage.

The client is the director of the helping process:
The health issue was the other problem which burdened Madam M. She was easy to get pain in different parts of her body such as wrists, pelvis and teeth. Those pains greatly affected her emotions. Therefore, when slightly built the relationship with Madam M, where she was less resist than the beginning stage, we started to work on this issue together. Madam M had stated clearly that she wanted to improve her health situation and she believed that the lesser the pain, the better her emotion would be. With such a clear goal set by Madam M, my job was to find out some suitable resources for her and worked together with her. As her seriously doubt her ability in
doing anything, I recommended her started from doing the hand exercise “十手操”, which was relatively manageable with regarded to her health condition.

As the goal was set by her, her motivation in learning the hand exercise was very high. However, due to the lack of self-confidence, she always doubted her ability to learn all 10 movements. Therefore, I worked with her step by step such as learning and practicing 5 movements each interview. Learning the hand exercise became one of the motivations for her to come to the centre. As mentioned above, recovery is not a liner process. Madam M underwent low mood several time a month. Therefore, she may mot willing to come for the interview. However when I asked her about the situation of practicing the hand exercise, her mood level was enhanced slightly. Her motivation to come to the center was enhanced as well because she was eager to know whether she did the movements correctly or not.

When clients become the director in the helping process, their motivations would be higher than when the goal was set by worker. The role of workers is to work with their natural energy for recovery, rather than wasting energy trying to convince a person to do something the client does not want, which often leads to undue resistance, tension with in the helping relationship (Saleebey, 2006, p.59).

Conclusion:
The Chinese proverb, “The greatest gift you can give someone is to allow them to give to you.” In working with people with mental illness, what we can do is not to help them recover, but walk with them in the recovery journey. Relationship is the fundamental element which helps clients to rediscover their strengths possibilities. In social work, we believe there is a possibility for people to change, so as the field of mental health does.
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