1. The Relationship as the Basis of Everything – Page Version

Introduction to this Unit on the Caregiver-Client Relationship

In the last unit, we introduced this series of courses and the CWWPP and how we think that you should work through these courses.

Now, in this unit, we’ll get down to the interaction between the caregiver and the client.

In this first section, we’ll talk about the relationship in general. We’ll then look at some first principles. After that, we’ll look at some points about language and getting to know the client. We’ll then look at some important aspects of the interaction such patience and persistence. After that, we’ll look at identification with the client and the client’s identification with the caregiver. We’ll then discuss gaining – and losing – the client’s trust. A very important discussion that we will have is that about ethics. In the course of all of that, we’ll discuss belief and religion and hope and some practical aspects such as time planning.

In the final unit of this course, we’ll discuss you, that is how you can, and in our eyes must, care for yourself and prevent yourself from burning out. That’s extremely important for all of us.

The Relationship as the Basis of Everything

Numerous studies have shown that the relationship between the caregiver and the client is much more important than the specific techniques used. Thus, setting up and maintaining the relationship are crucial. The caregiver thus needs to put large amounts of time and energy into this, and be self-critical about how it is going. Some people are “naturals” at this. For other people, it takes more effort. In this unit, we will explore various aspects of making it work and figuring out what to do when it doesn’t.

The Responsibilities of the Caregiver and the Client

Ultimately, it is the client who is responsible for his or her own life. As much as the caregiver would like to do so, he or she *cannot* – and we emphasize this, cannot – be responsible for what the client does.

In this sense, the caregiver is a *facilitator* that is, she or he provides the time and the environment in which the client can work on him or herself. The caregiver cannot force the client to do anything. At most, the caregiver can make suggestions, and even that is questionable. The psychologist, Carl Rogers, said that a person is the best expert about him or herself. Thus, the caregiver, in addition to providing a good environment for the client to explore, can give encouragement and support. Almost always, that is precisely what is needed for the client to find new ways to move forward.

Providing a Good Environment for Progress

The caregiver’s primary responsibility is to provide a safe space. That means that there is a specific time in which the client can speak and explore, and that that time is not rushed. Physically, the space must be pleasant and as un-medical as possible and comfortable with regard to temperature and light and color. There must be few if any interruptions. Thus, unless there are emergency situations, the mobile telephones – and all telephones – must be turned off for the duration of the session. The caregiver must not make judgments about the person of the client and try to understand the context of the actions that the client has taken. The expression of emotions should be permitted and encouraged. The client should be encouraged to speak about everything. We will describe how to hold a client-centered conversation in the next course, namely that on communication. The point of all of this is to provide a place where even the most difficult issues can be dealt with.

The Caregiver-Client Contract

The agreement between the caregiver and the client as to what each will provide is very important. For that reason, we sometimes like to have it on paper and/or electronically, so that there are no doubts on either side.

In our practice, the responsibilities of the caregiver are

* to provide a safe environment, as described above;
* to keep everything that the client says private from anyone else, except as otherwise agreed;
* to provoke and encourage the client to explore himself or herself and to support him or her in that exploration.
* to maintain objectivity with regard to the client to the greatest extent possible;
* to maintain the highest level of professionalism possible;
* to keep all promises that the caregiver makes to the client, including those about time of meeting, place of meeting, fees, etc.

In our practice, the responsibilities of the client are

* to work on himself or herself conscientiously as agreed with the caregiver;
* to take responsibility for his or her own life;
* to keep to the agreements with the caregiver with regard to coming on time, payment of any possible fees, etc.

Sometimes, one side or the other doesn’t fulfill the contract. It then is the responsibility of the caregiver to discuss this with the client in detail.

When the Relationship Doesn’t Work

As hard as the client and the caregiver try, the relationship between them may not work.

One reason for that is simply a clash of personalities. That can happen in any relationship.

Another reason is that the client may see in the caregiver someone who has been influential in his or her life and reacts to that person rather than to the actual person of the caregiver. This kind of reaction is known as *transference*. This also can happen in the opposite direction, that is, that the caregiver sees in the client someone who has been influential in his or her life and reacts to that person rather than to the person of the client. This is known as *counter-transference*. We’ll get into transference and counter-transference in a later section of this unit. It is the responsibility of the caregiver to recognize these and to discuss them with the client.

Another reason for the failure of the relationship is that either the client or the caregiver doesn’t keep to the agreements made, such as coming on time or working on the issues agreed.

It may also be that, in the judgment of the caregiver, he or she doesn’t have the skills or the techniques required to assist the client.

Also, the client may not be making the kind of progress that the caregiver expects.

There also may be other reasons for the failure of the relationship.

If the relationship doesn’t work, it is the responsibility of the caregiver to discuss these with the client openly and fully.

Sometimes, the issues can be resolved. Sometimes, however, it’s better for one side or the other to end the relationship, at least temporarily. If that happens, except under extreme circumstances, we leave the door open for the client to come back.

Final Remarks

As we said at the start of this section, the caregiver-client relationship is the most important aspect of what we are doing. It takes time and effort.