The Importance of Relationships in Working with Clients: From Residential to Day Reporting

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Alvis House Multifaceted Human Service Agency

• Community residential services for offenders diverted from or coming out of prison

• Developmental Disability residential services for adjudicated and non-adjudicated individuals with severe behaviors

• Day Re-entry services (employment classes and job search)

Alvis House

• Meals on Wheels staff volunteers

• Client community services

• Leader in PREA implementation

“Community means building a life support network for the client, a model of caring which he/she can take with them when they leave”
Values and Beliefs of how to treat clients should be well articulated across agency

- Drives any successful organization
- Needed for staff training
- Highlights the clinical culture
- Becomes a standard to evaluate progress
- Defines operations and handling of clients

Alvis House: Value and Beliefs about clients

**Value:** Help our clients change their antisocial beliefs and behaviors and learn the skills necessary to live successfully in the community

**Beliefs:** All clients should be treated with respect and encouraged to develop their potential; our clients need to be held accountable for their actions; it is important to consistently offer behavioral incentives to encourage behavioral change

Responsivity Principle

- Responsivity principle - the styles and modes of service incorporated into the treatment/intervention program; it should be matched to learning style of participating offender
- External and internal factors that can influence capacity to participate in and benefit from program
- Internal factors include: cognitive ability, learning style, strengths, personality, gender, culture, readiness to change. For example: internal responsivity requires therapists to match the content and pace of sessions to specific client attributes e.g. personality and cognitive maturity
Responsivity (cont’d)

- Responsivity partly involves an individual’s motivation to engage in program and to commit to change
- Also primarily concerned with therapist and program features THUS concerned with adjusting treatment delivery in a way that maximizes change
- Andrews discussed therapeutic relationship as one important element in effective correctional programs

Therapeutic Alliance

- 60% of outcomes in therapy can be attributed to Alliance factors between client and counselor
- 30% of outcomes in therapy can be attributed to Allegiance factors
- 8% of outcomes in therapy due to model and technique

Wampold, 2001

TA and Correctional Rehabilitation

- Correctional treatment practices/models include relapse prevention (and other CBT models), cognitive oriented therapies and motivational interviewing
- Effectiveness increases with collaborative client/counselor relationship with mutually agreed upon goals
- Positive therapeutic style including empathic, warm, rewarding and directive approaches
- Non-confrontational
TA and Correctional Rehabilitation (cont’d)

- Therapeutic relationships build trust and rapport
- Training should enhance these skills
- Andrew’s writings/theorizing (see Andrews and Keissling 1980) that preceded the Risk-Need-Responsivity model initially proposed that TA is a critical determinant in correctional treatment outcomes.
- Therapeutic relationships with offenders should be characterized by mutual respect, openness, warmth and enthusiastic communication

Small Group Exercise

*List all the positive outcomes from having a good working relationship and alliance with your clients. Agree on your top 3 outcomes from having a positive working relationship.*

Obstacles to Therapeutic Relationship

- Time not made to “know client” up front
- Therapists frequently fail to identify failing cases (Norcross, 2009)
- We fail to seek client’s buy-in
- We get into power struggles with clients
- Sometimes “our system” gets in the way
Ways to Build Therapeutic Alliance

• Importance of time spent up from with clients

• Relationships are important hidden rule of those coming out of Poverty (Bridges out of Poverty)- develop rapport prior to hard work

• Find ways to work in agreement with client on goals- programs

Ways to Build, Cont’d

• Meet the clients immediate needs when possible to build trust

• Have an intentional plan in “interacting with clients”

• Invest in clients’ trust banks with a positive balance – deposits vs. withdrawals

Food for Thought

• Can a high risk client form a therapeutic relationship with a few correction’s staff?

• How does a therapeutic relationship between staff and client impact evidenced-based outcomes?

• How does a therapeutic relationship between staff and client impact the climate/environment?
**Therapeutic Style Balanced**

- “Therapeutic style does not preclude need for firmness, responsibility and accountability in addition to empathy, warmth and support, in fact a healthy balance is necessary”

  Randy Shively

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**Importance of Line Staff**

Why is their importance minimized?

Lower pay

Less education

Stereotype of “Glorified Babysitter”

Often the least informed but the most held responsible

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**Importance of Line Staff**

- Often know the clients the best: consistent, frequent and lengthy interactions with clients

- Best equipped to enact good behavior programming and cognitive programming

- On site to model de-escalation for clients

- Can gain accurate documentation of behaviors/changes
Importance of Line Staff

“Line staff can be the most consistent and influential element in the offender’s life. They will make or break your program”

Randy Shively

How staff respond is key

“I’ve come to the frightening conclusion that I am the decisive element in the consumer’s life. It’s my personal approach that creates the climate; it’s my daily mood that makes the weather. I possess a tremendous power to make a consumer’s life miserable or joyous. I can be a tool of torture or an instrument of inspiration; I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a consumer humanized or dehumanized”

Haim Ginott

Food for Thought

• How does the relationship between staff and client affect the client’s perception of their programs? The chance of being a successful completer of programs/services? Recidivism rates?

• How does the relationship between staff and client affect staff’s perception of their job?
CROSSROADS DAY REPORTING CENTRE - CDRC

- Non-residential, store front office located in Toronto, ON
- Offers intensive case management services and support to adult male and female federal clients re-entering the community
- Is a proactive program that integrates evidence-based components resulting from up to date research in community corrections and offender rehabilitation.
- Helps meet the challenges of community supervision (i.e. parole) by accepting high risk offenders

Client Snapshot

- **Total referrals** - 17% female, 83% male (2013/2014)
- **Offence Profile** – 29% Violent offence, 16% Weapons related offence, 16% Drug related offence and 15% property related offence (2008-2014)
- **Risk/Needs Profile** – 39% Moderate Risk, 23% Moderate/High Risk, 18% High Risk (2008-2014)
- **Male Clients**: Employment (68%), Attitude/Orientation (45%), Relapse Prevention (41%) most frequently identified needs (2008-2014)
- **Female clients**: Previous Trauma (58%), Personal/Emotional (46%), Employment (45%) and Substance Abuse (41%) (2013/2014)

CDRC client perceptions...

- Emphasis on long-term support and understanding offered to them
- Comfortable, flexible and non-oppressive relationships: treated as individuals rather than criminals
- Staff described as providing a “safe zone” where paroles could explore complexities of post-incarceration without judgement or embarrassment
- Appreciated knowing someone believed in them
- Felt staff were considerate and that they were able to speak openly and honestly about their criminality

Building Relationships

What to consider...?

- Treatment setting
- Wearing two sets of hats (Supportive Staff vs. Rule Enforcer)
- Perception of Intervention
- Length of Relationship
- Gender, Age, Ethnicity, Culture, etc.
- Specific Responsivity Issues
- Multidisciplinary setting

Building Relations with Woman...

- Pathway into crime
- Differences with compliance
- Women-only environment
- Trauma-informed care
- Cultural competence
- Client engagement, genuineness, empathy, warmth, respect, etc.
- Flexibility/Practical issues
- Active listening
- Strength-Based/Resource focused
- Relational Approach

Question:

Can effective relationship building be taught as a skill or is it dependent on personal traits/natural talent?


Building a foundation

Types of Questions
- Leading questions
- Open-ended questions
- Closed-ended questions
- Reflective questions

Communication Blockers:
- “Why” questions
- Quick Reassurances
- Advising
- Digging for information
- Patronizing
- Preaching
- Interrupting

Active Listening:
- Paraphrasing
- Summarizing
- Reflecting
- Probing
- Validation
- Silence
- Effective pausing
- Re-directing
- Consequences
- Emotional Labeling

Building a foundation...

- Exploring purpose and goals of treatment
- Outlining confidentiality
- Obtaining client feedback
- Acknowledging the challenges in creating change
- Setting limits in respectful manor
- Remaining calm and cool
- Avoiding jargon
- Being considerate, dependable and available
- Being attentive
- Acknowledging ambivalence
- Using imagery, metaphors and examples

How Good Are You....??

- 143 counsellors asked to grade their job performance on a scale of A+ to F
- 66% rated themselves an A or better
- None rated themselves below average

Including feedback through feedback feedback. Symposium conducted at the 16th Annual Research Conference: A System of Care 
for Children’s Mental Health: Expanding the Research Base, Tampa, University of South Florida, The Louis de la Parte Florida 
Mental Health Institute, Research and Training Center for Children’s Mental Health.
Training...

How do we train staff effectively? Training staff on the development of therapeutic relationships can be seen by many as unstructured and difficult.

Adequate and consistent supervision!
Access to professional development resources, opportunities for training and skill building

Supervision...
- Directly witness/hear staff client interactions (joint meeting, video taking, audio recordings, etc. – PROVIDING FEEDBACK
- Assist staff to tolerate feelings of stress and discomfort in meetings
- Self-reflection
- Staff/client boundaries
- Role modeling & Unintentional positive reinforcement
- Practice active listening skills

Questions to consider...
Building positive relationships in your agency and practice....
- What are your agency values and how might they enhance or conflict with relationship building?
- Is relationship building a priority for the staff and your agency? If not, why?
- What initiatives have been taken or need to be taken as an agency?
- What are the unique challenges and views of the clients serviced that may impact relationship building?
- Does your framework, approach and intervention techniques enhance or limit relationship building?
- Are staff training, agency policies and program expectations reflective of agency values and relationship building?
Agency and Program Practices
St. Leonard's Society of Toronto/Crossroads Day Reporting Centre

**Agency Level:**
- Integrated in agency culture
- Agency policies
- Hiring Practices
- Training opportunities

**Program Level:**
- Integrated into intake
- Case management practices
- Program expectations

**Staff Level:**
- Warmth, flexibility, openness, respectful, etc.
- Verbal and non-verbal language
- Theoretical models and counseling techniques
- Advocacy and referral
- Community accompaniment, task division, collaboration

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**Challenges...**

- Changing or enhancing current agency policies and practices
- Implementing change (staff philosophy)
- Training
- Inadequate staff supervision
- Staff turnover
- Client buy-in
- Collaboration with outside agencies who do not have shared values
- Balancing the individuals needs with program requirements and correctional plans
- Time constraints

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**Discussion Questions**

- In your program(s) how can you build stronger relationships between staff and clients? What are your main obstacles?

- How do staff/client relationships impact successful completion rates?

- What are the greatest relational barriers for clients? For staff?
Summary

• Need to have a plan for staff to think and act therapeutically with clients

• Clients need to be actively involved in program plan at every level= negotiation

• The RNR model is based on having a good relationship established with a client prior to success of model

References

See Handout!

Thank you
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