

ESTABLISHING RAPPORT: MAINSTREAM AND SPECIAL POPULATIONS

An accurate and informative interview is necessary for developing a working hypothesis of the presenting problem and possible treatment approaches. However, obtaining this information depends heavily upon the relationship between therapist and the client. Establishing rapport refers to a process and quality within the therapeutic relationship in which the client feels safe and valued enough to share private and personal information. There are several things a therapist might do to establish rapport. They include the following:

THE THERAPEUTIC SETTING

The therapist must take into account what is appropriate for the population he or she serves. For example, young children would be more comfortable in a less formal office that has age-appropriate toys and items of interest displayed (e.g., beanbag toys, building toys, cartoon characters) along with rugs, pillows, beanbag chairs, tables, and chairs of appropriate size for children. Adults, however, would feel more relaxed in a setting that is similar to someone's family room. For instance, comfortable chairs, less harsh lighting, and some homey details like plants and wall hangings would be

DON'T FORGET

Checking Out the Suitability of the Setting

Ensure the client's privacy by paying attention to such things as soundproofing.
Make the setting inviting to your particular client group.
Minimize distractions such as traffic, interruptions, and noise.
Make sure the setting is accessible in terms of handicapped accommodations and transportation availability (e.g., bus lines).
Keep confidential information locked and out-of-sight. If needed, pick up after each client so that no intrusions of your client's style or personality are imposed on the next client.

appropriate.

Along a similar train of thought, the therapist should be aware of his or her attire and how it impacts the relationship with the client. Children are less likely to open up to someone who is formally dressed in a business suit (which connotes an aura of authoritarianism) than someone dressed more casually and comfortably (so that they could sit on the floor if needed and play with the child). However, jeans and a T-shirt provide a message that is too informal and unprofessional, especially for adult clientele. Attire that is too casual might be interpreted by the client as a lack of respect for that client or might indicate the lack of respect the client is allowed to show toward the therapist.

TYPE OF LANGUAGE USED

The verbal communication used between the therapist and client is

important in creating a comfortable atmosphere. The therapist is well advised to consider how he or she communicates with the client and how this may influence rapport. For example, overuse of professional jargon can distance the client from the therapist and lead to confusion, misunderstanding, and a sense of the therapist talking over the client's head. The therapist should feel free to use the words of the client as a way of communicating understanding, and establishing rapport.

EMPATHY, CONGRUENCE, AND UNCONDITIONAL POSITIVE REGARD

Carl Rogers' (1961) view of the necessary elements of psychotherapy has withstood the test of time and has been accepted by most approaches to psychotherapy. *Empathy* refers to the ability to see things through the client's perspective. It involves putting aside the therapist's own expectations and preconceptions and closely listening to the client. The therapist may need to gather more information to be sure that he or she has really understood what the client meant, but when this is done with an attitude of genuine honesty, the client will feel appreciated. If you have difficulty in feeling empathy for a particular client, don't try to manufacture it. In that case, attention and appropriate questions convey your interest in the client better than phoney empathy (Othmer & Othmer, 1989).

Congruence refers to a genuine, honest presence of the

therapist. The therapist is not trying to pretend to be someone he or she is not (e.g., best friend, authoritarian expert, aloof professional), nor is he or she being dishonest when it is necessary to portray a reaction to the client that is not real. Nevertheless, therapists should be aware that clients will recognize whether a therapist is being real or not and that the relationship is compromised by falseness.

Unconditional positive regard refers to a positive way of viewing and thinking about the client. It is both a sincere belief in the positive traits of the client and a respectful attitude toward the client. This does not mean that the therapist accepts everything the client does, such as committing a crime, but the client is entitled to his or her thoughts and feelings and the opportunity to explore his or her behaviour in a non threatening environment. Other qualities of the

Putting it into Practice

Concepts of Empathy, Congruence, and Unconditional Positive Regard

Client: I feel terrible, like I should have done something to make my son stop taking drugs.

Therapist: I can see that you are really hurting and feel responsible. (Empathy)

Client: Yes. I blame myself for his addiction. If I weren't so involved in my own little world and career; I would have seen it sooner.

Therapist: I believe that parents do the best they can with what they have. Your level of concern right now shows me that you care very much, so let's see what you would like to do. (Unconditional positive regard)

Note: Congruence is demonstrated when the therapist makes the above statements in a genuine, honest manner.

therapist that are deemed essential for building rapport include warmth, respect, and availability.

Perhaps one of the most valuable skills an interviewer or a therapist can learn is listening skills. Effective listening increases the amount of information the client contributes, and allows the client to vent feelings. Hutchings and Vaught (1997) note that effective listening includes the following:

1. Listening carefully to both what is said and how it is said
2. Avoiding interruptions and allowing the client to complete sentences and ideas
3. Using silence to encourage the client to continue talking, thus giving the client the time and space to verbalize thoughts and feelings that may be difficult to talk about
4. Reflecting and clarifying the client's "meaning"
5. Asking questions to ascertain important details and work toward solutions
6. Noting similarities and discrepancies in what the client says, how the client says it, and what the client does
7. Eliciting feedback from the client to determine and ensure accuracy of the therapist's perceptions

USE OF THE THERAPIST'S PERSONAL EXPERIENCES

The use of the therapist's personal experiences may benefit the establishment of rapport. It may help the client feel that he or she is

not alone (e.g., "even an expert has gone through this") or allow the client to place more validity in what the therapist says (e.g., "the

CAUTION

Although discussing the therapist's personal experiences can be a useful technique, do not dominate too much of the session time or do it on a regular basis. Such a practice gives the impression that the session is about working on your problems, not the client's.

therapist has gotten through this and must know how to handle it"). Keep in mind that you are not doing this to get something off your chest or confess, but to present something helpful that the client can use in a therapeutic way.

Finally, know your client before using this technique. Some clients, such as children, may feel too burdened by your personal revelations. Other clients, particularly from certain cultural groups (refer to section on cultural considerations), may view it as an inappropriate display for a professional and lose respect for you.

INITIAL CONTACT

Provide some initial direction in the first session, such as "What brings you here today?" This immediately sets the tone that you will try to be helpful, you care about the client's point of view, and you will provide guidance for the client. Be authentic and honest regarding your experience as a clinician and what you can offer (e.g., "No, I do not have children, but with my understanding and training in psychological principles and your expert input on your children, I believe I can help you."), and provide the client with some

hope without resorting to an insincere, "I'm sure it will all work *out!*" Put the client at ease by requesting basic information such as name and what he or she prefers to be called and engaging in small talk about the drive to your office, where they are from, or anything that might be comfortable and familiar to the client (Othmer & Othmer, 1989).

OTHER THERAPIST SKILLS

Don't forget some of the basics of interpersonal communication, which will certainly influence rapport. Maintain comfortable eye contact such that you indicate interest and respect but not an uncomfortable dominance. Because eye contact does indicate your interest in what the client is saying, you should not keep your eyes fixed on your intake sheet or notes. Similarly, maintain an appropriate distance between you and the client. For example, most clients would feel uncomfortable sharing the same couch with the therapist. Touching, other than handshakes or pats on the back or shoulder can be very threatening to clients. The use of humour is a great stress releaser and can enhance rapport if it is done while still showing respect and compassion to the client. Finally, respecting silence can be an important tool that demonstrates to the client that what they have to say is important and worth waiting for. (See Rapid Reference 4.1.)

Rapid Reference 4.1

When Establishing Rapport with a Client, Remember the Following:

1. Create a comfortable setting that might include items of interest to that population (e.g., toys), appropriate attire for the therapist, privacy, minimization of distractions, and accessibility.
2. Use language that is appropriate and effective. This would include a minimization of professional jargon and use of the client's own words when appropriate. .
3. Convey empathy, congruence, and unconditional positive regard. The therapist should also display respect, openness, availability, and a non-judgemental attitude.
4. Feel free to use personal experiences as a therapist. However; use them sparingly to establish a sense of understanding and hope for the client.
5. Upon initial contact with the client, provide direction, comfortableness, and hope.
6. Other skills that are useful in establishing rapport might include using humour, allowing for silences in-the session, respecting the client's physical body and boundaries, maintaining comfortable eye contact, and keeping an appropriate seating distance between the client and the therapist.

ESTABLISHING RAPPORT WITH SPECIAL POPULATIONS

Young Children

Understand that when you interview a child, you will most likely also be interviewing an adult (e.g., parent, caretaker, school personnel). Allow yourself enough time to hear from everyone and think carefully about who you want to have in the room at the same time. Some therapists opt to meet with the child and adult(s) together,

establishing the sense of a team effort, particularly since working with a young child necessitates the involvement and cooperation of the parents. Additionally, meeting as a group allows the therapist the opportunity to observe family dynamics and interactions. Other therapists, however, prefer to meet with the child and the adult individually, or both individually and together.

DON'T FORGET
**Deciding Who Attends
the Session**

When working with children, the therapist needs to determine who will be invited and involved in the session. This decision is based on theoretical considerations as well as knowing what types of information need to be gathered. Options include seeing the child only, parent(s) only, child and parent(s), the entire family residing in the home, or the inclusion of other significant people in the child's life such as school personnel or day care providers.

Older children may feel more comfortable discussing issues when the parent is not present and likewise. Also, there are family and marital issues that would not be appropriate to discuss in front of a child. Whatever your preference is, keep the child in mind as you establish rapport. You may do this by introducing yourself to the child first upon your initial meeting with the family and also by engaging the child in small talk around issues they are familiar with, such as sports or activities. When meeting with the family, remember to ask the child his or her opinion and give him or her an opportunity to present what the child thinks is the problem or what needs to change.

Children respond best to adults who show them respect and friendly

interest. When working with children, therapists should also be active (e.g., taking the lead, generating ideas, being involved in the child's activities), upbeat, and demonstrate a liking for the child. When working with very young children, try to place yourself so that your face is level to the child's face. It can be quite intimidating to the child to have a stranger tower over while demanding a response.

As mentioned earlier, there are some unique considerations with young children when it comes to clothing and office space. The therapist, to enhance rapport with a child, should dress comfortably, not formally. The office should be designed to be appealing to a child. Have a few current and popular items visibly present around the office since it lets the child know that you are in touch with children's interests. Keep some comfort items, such as stuffed animals, colourful children's books, clay, paper and crayons, and perhaps even a choice of snacks and drinks in the office. Children prefer to do something in therapy rather than sit passively and talk. Allow them the opportunity to engage in activities while simultaneously sharing information with you verbally and nonverbally. For example, you might ask questions about their play or have the child role-play a character (real or fantasized) while the therapist participates to the extent that the child directs. It is also helpful to engage the child (or sometimes just the therapist) in storytelling. Stories can be used to teach a lesson or skill, elicit information, or allow the child to practice problem solving in a non

threatening manner.

Finally, it is important to understand the principles of child development. This gives the therapist a great starting point for knowing what is expected or normal for children at various stages of development. Logan (1997) points out that childhood problems may reflect appropriate child developmental issues, whether they are common, transitory reactions to specific life circumstances or more severe difficulties. It is important for the therapist to look at the extent to which the disturbances are significantly interfering with play, learning, and interpersonal relationships and are slowing or impeding the development of important capacities.

Abused Populations

Karp, Butler, and Bergstrom (1998) note that the therapeutic relationship, with an authority figure whose role puts him or her in charge of the therapeutic situation, may trigger a sense of being dominated for the client. Clients who have been abused are especially vulnerable to this type of relationship. The therapist should work at creating a relationship with the client that shares decisions and control. These same authors also note that for this population there is an ongoing impairment in their ability to trust. Keeping this in mind, a therapist would be well advised to maintain consistency in how he or she behaves, demonstrate follow-through, and respect the fact that trust does not come easily or quickly. When activities are used therapeutically or the client is requested to do something as part of his or her therapy, the therapist should

Putting It Into Practice

Child-Oriented Activities

It is more effective to allow a child to engage in activities during a therapy session. For example, the therapist may let the child play with building blocks. After the child has constructed something, the therapist might say the following:

- "Is the place you built safe?"
- "What makes it safe?"
- "How is it different from (or the same as) your home?"
- "Who would live in your building?"
- "Tell me about them."
- "Do they remind you of anyone in your family?"
- "What kind of place would you build for your family?"

allow the client to engage in it only to the degree to which he or she feels comfortable. The therapist should check with the client about his or her level of comfort for the activity, be willing to discuss any discomfort, and subsequently negotiate, modify, or omit the activity. This gives the client permission to have boundaries, maintain a sense of control in therapy and also indicates that the therapist trusts the client's judgment.

Home and Kiselica (1999), in discussing young clients who have been sexually assaulted, note that the key to rapport is simply to wait until the child is ready to talk. They also point out that boundaries, which have been so horribly violated for them, must be clear, consistent, and rehearsed; the client should be rewarded for maintaining boundaries and understand the consequences of transgressing them. Trust can be enhanced by beginning and ending sessions on time, using extreme caution about touch of any kind

without the child's permission, and only inviting others into the session with the child's permission. Other issues that require consideration on the part of the therapist include the use of videotaping (again, only with the client's permission and as they feel comfortable), honesty at the beginning of therapy regarding who has access to this information and what might be done with it, and the nature of the role of the therapist (e.g., not acting as law enforcement or as a parent, but only to assist the child in feeling and doing better).

Older Adults

The key to working with older adults is to become informed regarding how their experiences are the same and different from other age groups. Elderly individuals are more likely to attribute their problems to physical health or aging rather than psychological factors. They are more likely to be seen by physicians than mental health professionals. Physicians are less likely to identify psychological problems in older adults and more likely to attribute symptoms to age (Hays, 1996). Thus, older adults (and their families and caretakers) need to be educated about the nature of mental health problems that can occur for this population and where to obtain appropriate help.

CAUTION

Working with Abused Populations

A critical factor in working with an abused population is to believe the client and try to understand him or her. The therapist must be willing to feel the emotions with the client or else the client endures it alone.

Hays (1996) notes that elderly individuals have lower rates of affective disorders than younger adults, although anxiety disorders are approximately the same as the general population. Only a minority of elderly persons has dementia and most remain mentally sharp. Be aware of alcohol abuse and abuse of prescription drugs for this population. Because of the increased number of prescription drugs for this age group, the chance of negative drug interactions or reactions with alcohol increases dramatically. Often these reactions resemble psychological or organic conditions.

Older adults have to deal with issues such as the loss of friends and other significant individuals, cultural devaluation of their group, health and physical problems, forced isolation, and more limited financial resources. Social contacts are important, and engaging in either paid or volunteer work enhances the self-esteem and life satisfaction of older individuals (Acquino, Russell, Cutrona, & Altmaier, 1996). Other issues that face older adults may also include chronic illness and disability, caregiving for a loved one, and change of roles (e.g., retirement, loss of spouse).

When counselling older adults, consider engaging in the following: obtaining medical assessments for your client, establishing support systems for them in the community, engaging in a life review in which the older adult discusses the positive aspects of their experiences (such as having met and survived challenges), helping couples negotiate issues regarding time spent alone and together (especially after retirement), and helping adults

close to the end of their lives resolve a sense of attachment to familiar objects by having them decide how heirlooms, keepsakes, and photos will be distributed and cared for (Hays, 1996).

Older Youth

Horne and Kiselica (1999) suggest that the therapist be more flexible and open to non-traditional methods of interaction in establishing rapport with older boys. For example, consider meeting at the boy's residence, a recreational centre, or some other familiar place where the adolescent feels comfortable. This conveys that the counsellor is willing to enter the boy's world and comprehend its realities. They have also found it helpful to develop a relationship with a boy while taking turns shooting baskets, walking side by side down the street, or sharing a snack at a fast food restaurant. The therapist should also create a male friendly office environment by displaying sports magazines, posters of athletes or musicians, and offering the young man a soft drink or snack. Likewise for older girls, the therapist may want to include posters that are appealing to this population and items of interest throughout the office.

Horne and Kiselica (1999) also feel that it is a good idea to have flexible office hours so

that the client doesn't have to wait until the scheduled appointment time in order to talk with the therapist. Older youth respond well to people they feel are available to them and whom they feel are helpful. Upon the initial meeting, engage in nonthreatening, casual conversation, perhaps about what music they are listening to or anything interesting that might have happened in school that day. In order to be most helpful, therapists may need to initially help with practical concerns, such as finding employment or helping them work out a conflict with a peer.

Families and Couples

While interviewing often focuses on an individual, it may be the case, especially when working with children or those clients who are not competent, that you are meeting with several people at once. When establishing rapport in a family or group context, you may want to keep the following in mind. First, there will be more people wanting an opportunity to provide their viewpoint so you may need to schedule more time for gathering information (either as additional sessions or a longer session). Additionally, with more people providing the therapist with information, there is more opportunity for disagreements and inconsistencies to occur, and yet validation of factual information by other individuals can be obtained.

CAUTION

Adolescents and Privacy

Adolescents are very concerned with privacy. Discuss the issue of confidentiality at the beginning of the session and be clear on who has access to what information. Remember to cover such areas as substance use, sexual activity, and harmful behaviour to self or others. Check out your state's policy on confidentiality with minors.

Triangulation may pose additional problems. It takes place when one person in the group tries to obtain support or sympathy from the therapist, and by aligning with the therapist gains more power than the other members of the group. To avoid triangulation (or at least limit it), the therapist should make a conscious effort to treat each person in the group with equal warmth and interest. Introduce yourself to each family member as you make your initial contact and check in with each member throughout the session.

It is important to discuss and clearly explain confidentiality policies. The therapist must clearly state how the members within the session should handle personal information outside of the session. During the session the therapist will also need to set limits regarding putdowns and criticisms directed toward other members. This is not only non-productive; it is destructive and diminishes the family's confidence in the therapist's ability to work with them.

Finally, thank each member for coming in. To coordinate such a group effort requires commitment on everyone's part. Let them know that you take it as a sign that they are involved and care about what happens to that particular member. With family

CAUTION

Having an understanding and empathy for each member of the family, as well as an understanding and empathy for the relationships between family members, is not only complex and difficult but is sure to increase the possibility of the therapist becoming influenced by his or her own unresolved family issues and beliefs.

members present, it is easier to obtain a commitment from everyone that they will be involved in the treatment.

Gay Men and lesbian Women

The therapist should be careful to assess all factors in the problems presented by lesbian women and gay men so as not to pay an inordinate amount of attention to sexual orientation. Therapists should remember to address possible societal issues and their role in the problems faced by lesbians and gay men. Garnets, Hancock, Cochran, Goodchilds, and Peplau (1998) agree that the therapist has the responsibility to display accurate information about gay and lesbian issues. Therapists must be sensitive to the degree of prejudice and discrimination faced by this population and yet not attribute the cause of all their problems to societal pressures and prejudice. Do not focus on sexual orientation when it is not relevant, because the problems may be completely unrelated to sexual orientation.

Garnets et al. (1998) note that the biases of the therapist may influence diagnostic impressions and treatment. They warn therapists, for example, to not assume that children of gay men and lesbian women have problems that are a result of their parents' sexual orientation (or that gay men and lesbians cannot be good parents because of their sexual orientation). They also remind therapists to respect the importance of privacy for gay men and lesbians and be aware of the consequences of "coming out." The decision to publicly reveal one's sexual orientation can only be

made after a careful and realistic discussion of the pros and cons of disclosure. Therapists must be aware of the impact that negative societal pressures (perhaps internalized) and homophobia have on identity development and respect sexual orientation without attempting to change it or trivialize it. (See Rapid Reference 4.2.)

Rapid Reference 4.2

Establishing Rapport with Special Populations

1. For young children, decide with whom you will meet, show respect and friendly interest, make the office child-friendly, allow children to engage in activities while in the session, and be knowledgeable about child development.
2. For an abused population, share decisions and control with the client. Develop trust through consistency, follow-through, honesty, and respect for the client, and respect boundaries both physically (as in touching) and emotionally (as in allowing the client to talk when they are ready).
3. For older adults, be knowledgeable regarding issues faced by older adults. Be aware of substance abuse (including prescription drugs) and drug interactions, and check for issues of loss, negative stereotyping against the elderly, limited finances, health problems, and social isolation.
4. For older youth, be flexible regarding meeting places and office hours, create a friendly office environment geared toward their age, and help with practical concerns such as finding a job or resolving a school conflict.
5. For families, establish rapport with each member; avoid triangulation (e.g., siding consistently with one member of the family), discuss how confidentiality will be handled outside of the session, and set limits on put-downs and harsh criticisms.
6. For gay men and lesbian women, address societal issues and their effects, assess all factors involved in the problem without limiting it exclusively to sexual orientation, be aware of the consequences of "coming out" and discuss it with the client, and utilize community resources.

Chapter Summary

1. The therapeutic environment should be designed to provide the most comfortable environment for the client. Factors such as the furniture, privacy, use of language, accommodations, the therapist's attire, and any other adaptation based on the client's demographics should be considered.
2. To develop a positive therapeutic relationship, the therapist accepts the client as a person rather than judging him or her.
3. Therapists should be careful not to dwell on or make assumptions for clients regarding any stereotypic beliefs for a group that they may be part of.

Wiger D.E. and Huntley D.K. (2002). *Essentials of Mental Health Practice Series: Essentials of Interviewing*. John Wiley and Sons, Inc: New York