Getting Back to Basics: Developing a Therapeutic Relationship with a Formerly Homeless Veteran Client

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Abstract: Developing a therapeutic relationship is a complex process that can challenge even the most seasoned helping professional. This reflection presents the author's experience developing a therapeutic relationship with a formerly homeless veteran client now living in a supportive housing program. It describes the process through which the relationship was ultimately created and how this experience impacted the author's future work as a social work educator and researcher.

Keywords: homelessness, therapeutic relationship, engagement.

Carl Rogers hypothesized that positive personality change occurs in a relationship, relationships characterized by an unconditional positive regard for the client, an empathic understanding of their experience, and an ability to communicate this acceptance and empathy to the client (Rogers, 1957). Research has largely supported this proposition, demonstrating that a positive relationship is a necessary condition for a successful therapeutic encounter and a strong predictor of treatment success (Fluckiger, Del Re, Wampold, & Symonds, 2011; Horvath, Del Re, & Fluckiger, 2011).

Developing and nurturing therapeutic relationships with clients can be an incredibly satisfying, but also very challenging, aspect of social work practice. When it proceeds well, the client and the practitioner may feel empowered and affirmed. When it proceeds poorly, the client and practitioner may feel powerlessness and rejection. Rarely a linear process, the development of a therapeutic relationship is often a complex undertaking, a journey characterized by periods of collaboration and progress as well as periods of division and regression. The pace of this journey can also vary considerably, including moments of calm, intense activity, or even frenzy. In the midst of this unpredictability, however, an important lesson I have learned is that intentions and effort matters when engaging with clients, and that disruptions in the therapeutic relationship can often be repaired. This optimism, coupled with values respecting human relationships and the dignity of clients (National Association of Social Workers, 2008) and a commitment to strengths-based social work practice (Saleeby, 2000), support the development of positive therapeutic relationships. For the first half of my social work career, I had limited professional interactions with veterans, working primarily with adolescent-aged clients in residential treatment settings located in Mississippi, Montana, and New Jersey. It was in New York City where I began to work directly with veteran clients. The setting was a supportive housing program for adult men and women who had previously been homeless, but now resided in small apartments in a converted single room occupancy hotel (SRO). My role as staff in the program was to provide intensive case management services for a designated group of residents. With experience and training as a substance abuse counselor, I also helped residents with substance-related concerns. At any given time, approximately one-quarter of my clients were Veterans and my experiences with these clients dramatically shaped me as a social worker. Of these clients, however, my experiences with Michael were especially memorable, exemplifying the complexities involved with developing a therapeutic relationship.

Michael

Michael was an African-American male who served two tours of duty as a United States Marine, including an overseas deployment during the first Persian Gulf War. He was a native of Queens, New York and was in his mid-40s. He was born into a large family but he had minimal ongoing contact with them. Being diagnosed with bipolar disorder in the military, he received a medical discharge but collected no service-connected disability benefits, receiving Social Security Disability Insurance (SSDI) instead. Michael entered the housing program after spending seven

years living unsheltered on the streets of New York City. He received regular primary health care at the local VA outpatient clinic but refused VA psychiatric care, relying on other providers instead. Michael had inconsistently taken his medication in the past and had been involuntarily committed for psychiatric care by program staff approximately one year ago. Doing better for a short time after his discharge, the local psychiatric Mobile Crisis Team had been contacted several times in the last six months as program staff again became concerned about Michael's well-being.

I met Michael soon after starting as a case manager in the housing program. He was unassuming, polite, and very agreeable. Selfishly, this was a relief as it somewhat calmed my anxiety about working with this new population of formerly homeless adults. I was very aware, however, that many differences existed between us, hoping we could find common ground and effectively work together. Initially meeting Michael with the director of the facility, we reviewed his time in the program to help me understand his history and current circumstances. Looking at his face, it was clear he was very uncomfortable as his life was laid bare for me, someone he had only just met. I was uncomfortable with this process as well, sure that this invasive experience was undermining my efforts to engage with Michael. The director's tone became especially serious as she discussed the challenges Michael had experienced during the last year. She noted staffs concerns about his declining mental health, complaints from other residents that he often asked to borrow money, and a pattern of being late with his rent. Finishing this sad tale, the director then made it clear to Michael that he was in jeopardy of losing his housing and his behavior needed to change quickly. Anxiously waiting for her to offer support and encouragement, I was disappointed when it didn't come, the meeting ending with her stern ultimatum. Speaking with him privately after the meeting, I told him that despite what was discussed, I had no preconceptions about him or how we would work together and my main goal was to support him as much as I was able.

After meeting with the program director and Michael, I felt that it was urgent that Michael and I begin our work - there was so much to do! Michael, however, had different ideas as he expertly eluded me, deflecting all of my efforts to engage with him. He did not attend required case management meetings and informal conversations, when we had them, were typically superficial and brief. Being persistent, I would try to meet with him in his room but he would not respond to my knocks on his door - despite clear indications he was inside. Seeing him pass through the lobby, I would ask if he had time to talk but he would always have a pressing appointment he needed to attend. He would always promise to stop by when he returned to the facility but he never did.

Michael and I continued this dance for the first four months I worked in the housing program. The consensus of the other staff was that he was using illicit drugs - most likely crack cocaine - and nothing could be done to reach him until he was ready for help. I struggled with this assessment, feeling it was too easy label Michael as "resistant" or "difficult to engage," a self-serving attitude that allowed staff to focus on Michael as the problem. Instead, I began to believe that Michael avoided services because he did not trust us. This distrust, I believed, was due to our exclusive focus on enforcing rules and guidelines, never taking the time to demonstrate empathy for his situation or try to understand his perspective. Coming to this realization, I knew a new approach to working with Michael was desperately needed.

Plan B

In addition to playing cat and mouse with Michael, another function I provided in the housing facility was to coordinate psycho-educational support groups and off-site recreational outings for the residents. Having made little progress with an assertive approach to engaging with Michael, I thought these activities might be a way to engage with him in a less threatening way. So, the next time I ran into Michael, I invited him to join us for an outing. He seemed genuinely surprised by my invitation but appeared interested. He ultimately declined the offer, stating he did not want to attend substance abuse recovery groups. I told him there was no expectation he attend the groups, assuring

him that our activity only involved seeing a movie and grabbing a bite to eat - nothing else. He still declined the offer - which was disheartening - but his reaction only confirmed that engaging with Michael was going to be more of process than an event. Backing off, I mentioned that these trips occurred weekly and I hoped he would join us at some point. He told me he would think about it, a response that offered a glimmer of hope.

Continuing to invite Michael to attend off-site recreation activities, my efforts paid off when he quietly joined the group as we left the facility one afternoon for a movie and an early dinner. First noticing him, I was startled by his presence but this shock was quickly replaced with excitement and hope. While we were out, I checked in with him. He said he was doing "ok" and thanked me for the opportunity to join the activity. I told him he was always welcome and hoped he would join us again. I also mentioned that I hoped he would let me know if he ever needed help. To avoid being too pushy, I purposefully kept the interaction short but I was excited that this new approach seemed to be generating positive results.

Over time, Michael continued to struggle but progress also continued as he regularly attended off-site recreational outings and seemed slightly less determined to avoid me. While we were out, he appeared comfortable and relaxed, even seeking me out for conversations at times. Reassured and excited about this progress, I became convinced that it was time to talk about formal service needs. There was so much to discuss and I was ready to get to work! My supervisor, however, encouraged me to stay the course as progress was being made and we wanted to avoid a setback. In retrospect, this piece of advice was well timed, as the nature of my relationship with Michael was about to take a major turn.

A few days later, Michael came to the case manager's office and asked if we could speak in private. We went to the patio at the rear of the building where he told me he had recently tested positive for HIV. He didn't provide much detail but did say that he had taken a second, confirmatory test, and I was the first person he had told. Hearing the panic in his voice and seeing the fear in his eyes, I told him I was very sorry to hear this news and asked if there was anything he needed. He stated it felt good to tell someone and thanked me for listening. He did, however, ask that I not discuss his situation with anyone. He said he was concerned about how other people would look at him and treat him. I asked Michael if he was seeking follow-up medical care, he said he had scheduled an appointment to see a physician about medication. I mentioned that I would be happy to go with him to any appointments but he declined my offer. Walking back into the building, I reiterated that I was glad he told me and expressed a willingness to help however I could. He seemed to appreciate my offer, saying that he would let me know how things progressed.

Over time, Michael struggled to accept his HIV diagnosis but our relationship continued to improve. Instead of avoiding me at every turn, Michael sought me out for support and encouragement and was open to offers of resources or services. He was also frank about his struggles to take his HIV medicines and with depression. Hearing his desperation and sensing his willingness, I brought up the idea of Michael seeking treatment for his drug use and depression. He seemed open to the idea but stated he did not want to go to the VA as he had sought care there previously but had a bad experience. I told him there were several programs in the VA that we could explore but he remained averse to the idea of seeking care from the VA. I said I would find another option.

After some investigation, I met with Michael and told him about a treatment program that seemed like a good option for him. It was a private, not-for-profit, long-term program that specialized in treating individuals with co-occurring substance abuse and mental health problems. It was located outside of New York City and came highly recommended. Understandably, he had many questions: would we keep his apartment for him while he was gone, what would happen at the treatment facility, how long would he have to stay at the treatment facility? We talked through his questions as best we could, spending time on the treatment program's website. Wanting him to be in

control of this process, I gave him contact information for the program, encouraging him to call with his questions. As we were parting ways, Michael asked me what I thought he should do. Having never sought advice from me in the past, I was caught off guard by Michael's question. Thinking for a minute, I said I wanted him to make this decision, but considering how his life had been for the last few years, it seemed worthwhile to try something different. He said he appreciated my perspective and would let me know his decision.

Meeting with Michael a few days later, I asked him what he thought about the treatment center. He responded by saying that he appreciated my help in locating the program and he did contact them after our last meeting. He said the phone call went very well and he wanted to go to the facility. Thrilled at his decision, I applauded him for calling the program. We talked about the admission process for the program and met with my supervisor, who was very pleased with Michael's decision to seek treatment.

Calling the program to arrange transportation, I was glad they were able to pick him up that afternoon, concerned he might change his mind. In the end though, Michael seemed very comfortable as he left for the treatment center in the early evening. Talking to him before he left, I told him I was proud of him for taking these steps and would be staying in touch. Michael thanked me for all of my support, climbing into the van to begin a new chapter in his life.

The program Michael entered had a 90-day minimum length of stay. If he participated in their step-down aftercare program, he could be away for up to 6 months. Michael gave permission for me to speak with program staff who requested I complete a questionnaire regarding my experiences with Michael.

With no family or friends involved in his care, I was the best source of outside information and I was honored to support him in this manner. As time passed, all indications were that he was doing well in the program and I was happy for him.

Moving On

Approximately two months after Michael left for treatment, I made the decision to leave New York City and enter a social work doctoral program in Texas. Before leaving, however, I knew I needed to tell Michael I was leaving the housing program. Since he had been gone, we had been speaking regularly and his mood and attitude had improved considerably. He was much more upbeat and hopeful. He sounded positive about his substance abuse recovery and, while he knew his journey had just begun, he was optimistic about his future. Considering the path our relationship had taken and wanting to support his progress, it was important for me to tell Michael in person that I was leaving the housing program. During the two-hour train ride to the treatment facility, I spent much of the time reflecting on our relationship.

Looking Back

My efforts to engage with Michael showed promise after I stepped back and allowed the relationship to naturally develop. Looking back, I cringe at how inauthentic I must have appeared to Michael, laying in wait for him to pass through the lobby, pouncing on him with my superficial pleasantries and predetermined agenda. Obviously, there were responsibilities I needed to attend to as his case manager (non-payment of rent, complaints from other residents, requirements for regular meetings), but my singular focus on these issues clearly undermined my ability to engage with Michael. For our relationship to develop, it was essential that I broaden my perspective and be more empathetic to Michael's situation. He was obviously struggling and my response to those struggles did nothing to demonstrate that he lived in a safe place and that help was available. My approach sent the message that I was more interested in him complying with program rules and guidelines than getting to know him. In retrospect, it was understandable that he would avoid me when this was my response to his struggles and pain. When I remembered that my role was to serve Michael and began approaching him with humility and concern, that is when the nature of our relationship changed. Making this shift was not easy but the process started after I realized that my focus on rules and guidelines was a way to keep Michael at a distance

so I did not have to feel the magnitude of his struggle. While protective for me, this did nothing to help him and it needed to change. Michael deserved someone who could be present and involved as he worked through these very difficult circumstances. Thinking about the first few months of our relationship, it was embarrassing to think that his "resistance" may have been a healthy and normal response to my attitudes and actions. When I remembered why I was there and how to help, Michael responded quickly.

In addition to authenticity and empathy, a nonjudgmental attitude was essential if I was going to work effectively with Michael. This was especially important as I began to understand Michael's harsh internal dialogue and the hostility he experienced from other residents and even some staff. Having worked in substance abuse treatment settings for many years, I understood the toll that addiction can take on individuals so I worked to highlight success, reinforced the distinction between Michael and his "condition", challenged his tendency to devalue himself, and advocated for him with other residents and staff. I also made sure our relationship was characterized by consistency and structure because, as Michael struggled to organize himself, it was important I be dependable. This is not to say that Michael was not held accountable in our relationship; he knew we were partners and he needed to take responsibility for himself. When we identified tasks to be completed, he knew I expected him to follow through. This approach was especially important as it conveyed to Michael that I had faith in him and his future. When we did struggle, we leveraged those moments as opportunities to take a breath, reevaluate our plan, and refocus our efforts. In retrospect, the manner we worked through setbacks was especially important, confirming the depth of my commitment to Michael and demonstrating to him that being perfect was not a requirement for my support.

Saying Goodbye

Arriving at the facility, Michael and I met in a common area. He looked healthy, his eyes were bright, and his mood seemed upbeat. He said his depression had lessened considerably and he was working hard at his recovery program; feeling very positive and hopeful. I asked him about his health and he told me he was receiving regular care from a local HIV specialist who had started him on a medication regimen. Excited to hear all of this news, I told him how pleased I was to hear of his progress and how grateful I was that he had taken the risk to enter the program. Reflecting on the year leading up to his treatment admission, Michael told me he was surprised he was alive. His drug use had taken him to some dangerous places and he was thankful to have a second chance.

As Michael was on track to discharge from the program in the next month or so, we talked about how we could help him make a smooth transition back to the housing program. He stated he had been discussing this very issue with his counselor and they had been working on an aftercare plan. Knowing there would never be a good time to tell him I was leaving and having already delayed my disclosure, I told Michael that this aftercare plan should not include me as I was leaving the program. A look of alarm on his face, he asked me where I was going and I told him about my plans to enter a doctoral program. He told me he was happy for me and that he hoped to go back to school one day himself. I told him I sincerely hoped he would do so and had no doubt that he would be successful. He then asked about his new case manager. I told him that was something we would be discussing, as I wanted him to have a say in who took my place. I also told him that while this would be our last meeting in person, I would stay in touch to ensure the transition process to the new case manager went smoothly. He agreed and thanked me for coming up to see him, then we shook hands and said goodbye.

Touching Base

My last few weeks at the housing program passed quickly and, before I knew it, I was a doctoral student living in Texas. In the midst of the crushing academic workload, however, I continued to think about my friends at the housing facility, eventually calling my old supervisor to see how everything was going. Catching up, things seemed to be going well and, while the usual suspects were

up to the usual shenanigans, everyone was hanging in there. When we got to Michael my supervisor took a deep breath and happily exclaimed, "Let me tell you about Michael!" She then described how well he had been doing since returning to the housing program, involving himself in a therapeutic day program and attending the substance abuse support groups offered in the facility. She said he seemed relaxed and comfortable with other residents even commenting on his transformation. I was so thrilled to hear how well he was doing, wishing I could be there to tell him how proud I was of him. When I asked about how he was getting along with his new case manager, she said Michael seemed to be very happy as they were working on new goals around education and employment.

This was exactly the news I was hoping to hear and I was thrilled for Michael. He deserved happiness and it seemed he had found it. My old supervisor then told me about a recent conversation she had with Michael while they were signing his new lease. Proud of him for going to treatment, she asked what motivated his change of heart - his willingness to seek help and to stay on track. Michael told her the cumulative effect of his drug use and depression had become too much to bear and he was desperate for relief. Being diagnosed with HIV also played a role as the fragility of life and good health, things he had been taking for granted, became very apparent to him. Michael then talked about his positive experience in treatment and how he was feeling much better after working on some long-standing personal issues. Returning to the housing program, this positive experience motivated him to seek additional support and his progress continued. Finally, Michael said that one of the biggest motivators for him to change was the interest I had taken in him and the lengths I had gone to trying to help him. Specifically mentioning my last trip to the treatment facility, he said that if I cared enough about him to make the effort to come see him, he thought he needed to start caring about himself too.

Amazed at what I heard, I thanked my supervisor for sharing that story with me. As we reflected on my work with Michael, she disclosed that she apparently had come close to evicting Michael on several occasions but held off as she saw our relationship develop. Impressed with my patience and persistence, she told me she wished she had more case managers like me. I thanked her for her kind words but I could not help but think that most of the credit went to Michael. I just helped him identify that a better path existed. He was the one who took the steps and I was thrilled he continued to take them.

Lessons Learned

Years have passed since I left New York but the memories of my relationship with Michael remain vivid in my mind. Early on, my approach was an excellent example of how not to develop a therapeutic relationship with a client. By the time we parted ways, however, my refocused efforts helped to facilitate a working alliance that supported Michael as his life took a very different trajectory. Looking back, I cannot think of a time when things started off so badly with a client, only to end so well. Now working as a social work educator, I often share the story of my work with Michael with my students to demonstrate the value of a client-centered and strengths-oriented approach to social work practice (Saleeby, 2000). I also use the story to illustrate that some of the greatest obstacles to the development of a therapeutic relationship can be social workers themselves with their biases, preconceptions, and agendas. Ultimately, I think the story of my relationship with Michael shows students that clients have so much to teach the professionals who are supposedly helping them - the professionals just need to be willing to learn.

As a social work researcher, my relationship with Michael has also informed how I have engaged with individuals participating in my studies. Unlike my relationship with Michael, my interactions with study participants are typically one-time occurrences, only lasting a few hours. Regardless of how short these interactions may be, it is still important to be thoughtful about how I approach and interact with my participants. When conducting focus groups investigating the relevance of military culture and training to the experience of homelessness, I let the veteran participants know that I saw them as experts.

Joining with them from this perspective, the study went very well and I walked away extremely impressed by the resourcefulness demonstrated by the veteran participants. For my dissertation, I studied the use of assistance services by homeless veterans living in an emergency shelter. During this study, the nonjudgmental attitude used with Michael was essential as I asked participants to discuss experiences with trauma, drug use, and their criminal history. Understanding this was asking a lot from people I had just met, I worked to demonstrate that I was not there to judge but to hear their unfiltered story. It was also through these interactions that I realized veterans' process their individual military service histories differently. Some, like Michael, view their military service as something they did for a time and, while they feel pride for serving, they have largely assimilated back into the mainstream civilian culture. Other veterans I have interacted with were much more connected to their military experience and the identity they formed as a member of the military. Seeing the variability in these reactions, it became apparent to not make assumptions about how veterans may view their military service.

Gratitude

While telling the story of Michael's transformation, I hope this reflection illustrates the impact of our relationship on me as well. I wonder what might have happened if Michael had not taken the risk to tell me about his HIV diagnosis. Would our relationship have developed like it did? Would he have made it to treatment? Would his life have taken the turn that it did? In the end, it is impossible to know but I like to believe he would have found someone, somewhere, who could give him the support he needed. For myself, would I have learned these powerful lessons about working with clients? Seen, with such clarity, the importance of acceptance, empathy, and a non-judgmental attitude? I would like to think so, but there is no doubt that my experience with Michael, as it happened and when it happened, profoundly impacted me and, through my work, the people I have met since. This narrative really is an amazing story, not just because of how far Michael came, but because of how far I have come as well.

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