



## I don't like my client: The ethics of handling negative feelings toward those we serve

“**N**ever waste a minute thinking about people you don't like.” There are likely counselors who have given that very piece of advice to their clients. The advice becomes less helpful, however, when the person *the counselor doesn't like* is his or her client.

We enter the field as counselors because we have a desire to help others. We are usually empathetic and can find the good in most people. Counselors are still human, however, and all humans have likes, dislikes and triggers. The essence of counseling is to address difficult and complicated issues in the lives of clients to help them effect change. Many counselors will find themselves working with clients who bring up negative emotions for them, ranging from dislike to frustration to possibly even loathing.

Regardless, disliking a client is not a reason to behave unethically. Counselors must still follow the 2014 *ACA Code of Ethics*. Counselors experiencing negative emotions toward a client should work to understand and process those feelings so that they can move forward.

The reasons a counselor may dislike working with specific clients are numerous. Some reasons may be directly related to the counselor's role as a professional and would not come up in any situation outside of counseling or a related profession. Other reasons are more universal and would trigger dislike in most work settings.

### Reasons related to counseling

Sometimes clients, whether they are new to counseling or have experience in treatment, might push against a counselor. They may appear resentful or unhappy in the counseling session. Counselors might become frustrated with these behaviors and find it difficult to help clients who seem unable to stop picking fights.

One counselor offered the following example of a client whose behavior triggered feelings of dislike. “I am an addictions therapist at an outpatient clinic in the suburbs of a major city. Recently I was assigned a client I thought would be a clinical challenge but was someone [whom] I really wanted to help. Every time he would come to a session, he would start some sort of argument with me. Sometimes it was because I ‘didn't understand.’ Sometimes it was because I ‘wasn't on his side.’ And sometimes it just seemed like he enjoyed watching me struggle for the right thing to say. I started to feel useless in his case and was taking his criticism to heart. I had to actively resist the urge to let my facial expressions show my frustration, and it was emotionally exhausting.” This difficult situation triggered intense negative feelings in the counselor.

Relapse is another behavior that can be upsetting to counselors. Although the term is most common in substance abuse treatment, relapse can occur with any client who enters counseling to change

an unwanted behavior. One counselor wrote, “I always knew I shouldn't take clients' relapses personally. After all, I couldn't be there 24/7 to hold their hands and make sure they stayed on the right path. However, it was frustrating to see someone who seemed so motivated fall again and again with seemingly no insight into how this kept happening.” With these clients, counselors may have mixed feelings of empathy and frustration.

In a similar vein, counselors may grow frustrated with clients who are not progressing. Sometimes clients just seem “stuck,” and it might appear they don't want to do the work that is needed to make change. These clients may express a desire to progress but then seem unwilling or unable to take assistance, look at situations critically or try new things.

Clients come to counseling to help improve their lives, and some of the behaviors and traits they display that trigger dislike in counselors may also be the reasons they are in treatment. If a client is triggering negative feelings for a counselor, this may in fact be important information that speaks to a larger clinical issue.

Some clients are mandated to complete treatment after being charged with serious crimes. Counselors can struggle when these alleged crimes trigger negative feelings about the client. A counselor who ran a coed intensive outpatient program reported difficulty in processing her negative feelings toward a potential

client. She wrote: "During the intake, this client expressed anger at women, particularly his wife who had filed charges of domestic abuse, which he reported as the reason he now needed to complete counseling." This counselor found it difficult to remain objective because these comments provoked such strong negative emotions in her.

Significant differences between the counselor and client in attitudes, beliefs and values can also trigger negative emotions. One counselor recalled a client who expressed a negative opinion about a marginalized population to which the counselor belonged. The counselor reported feeling both angry and afraid after this revelation. Because there are so many highly contentious issues today, counselors will undoubtedly encounter clients who hold values and opinions that differ from their own. This experience may produce negative reactions.

Cultural differences between clients and counselors can also spur feelings of negativity. For example, if a client is not from the dominant culture, a counselor may have negative feelings because of a lack of cultural competency. Dislike is

not always tied directly to the client but is rather about certain aspects of the client's culture. This may still affect how the counselor feels about the client.

Counselors also might have negative feelings toward clients' family members rather than the clients themselves. This is particularly common when working with minor clients and interacting with their parents. A school counselor shared how the reactions of one child's parents ranged from being upset that their child had even spoken to the counselor to feeling that the counselor was not doing enough to help their child. These situations can be frustrating because the family members are not the counselor's clients, yet the counselor has to spend time and energy addressing their concerns. The behaviors of family members may also interfere with clients meeting their stated treatment goals, which can be exasperating for counselors.

#### Universal reasons

Any professional who must interact with other people will eventually run into those who make their work difficult. For counselors, unreliable clients —

including those who are often late, cancel frequently or do not show up at all — can cause frustration and resentment. Many counselors work in private practice or on a fee-for-service basis, so unreliable clients may cut into these counselors' budgets. In addition, these clients can make it difficult for counselors to provide services to others because they cannot schedule effectively.

Sometimes clients may have personal habits that the counselor finds objectionable. "I had a client who habitually picked his/her nose and wiped it on my new office chair," wrote one counselor.

Another area that may cause counselors to become irritated with clients is communication style. For instance, some clients might use language or a speaking tone that triggers negative feelings in the counselor.

In other instances, a client's situation rather than the client's personality triggers the counselor. One counselor shared a story about her time as an in-home clinician: "One of the homes I worked in smelled strongly of cigarettes. I would leave and my clothes smelled of smoke,

## HIGHLIGHTS

- ▶ Spring and Fall admissions
- ▶ On campus and online courses
- ▶ Experienced clinical faculty
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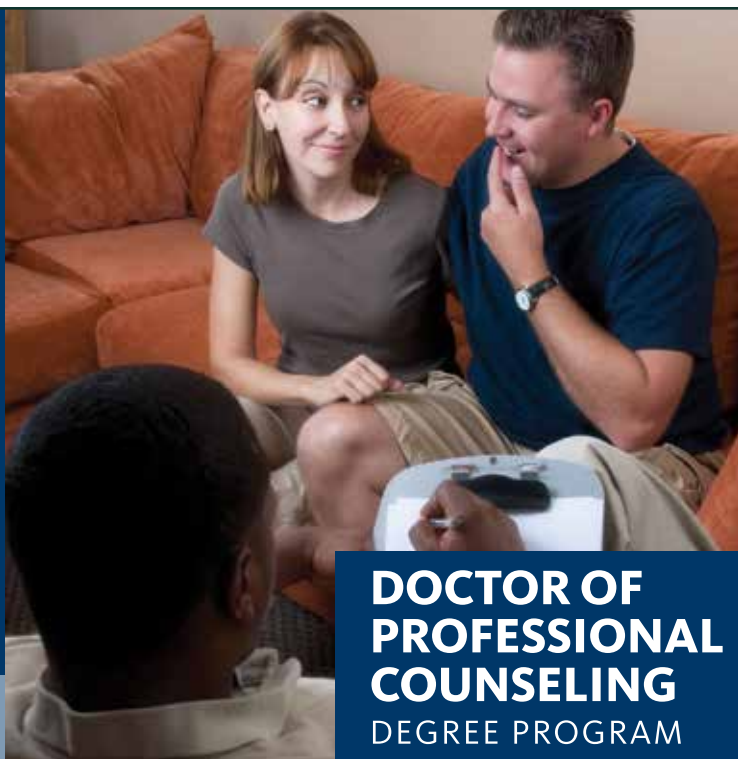
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which irritated my nose and throat.” The counselor didn’t like visiting this home, but she had to in order to deliver the services the family needed.

### The don’ts


Counselors might find themselves disliking clients for any number of reasons, but they must not react in an unethical manner. Here are some guidelines:

**Do not impose personal values on clients.** As guided by the 2014 *ACA Code of Ethics*, counselors should not impose their personal values on clients. There may be situations, however, in which clients express beliefs that could mandate that the counselor break confidentiality (such as a belief that it is their duty to beat their children if they misbehave). In these cases, the counselor should gather any information needed and make a report. Counselors may need to have conversations with clients about these values, reminding them that counselors are required to report certain things. Counselors should keep in mind that the safety of the vulnerable party is paramount.


**Do not vent on the internet.** The seeming privacy of “closed” groups for counselors on the internet can make it tempting to vent about stressful clients. Some counselors go a step further and post about particularly upsetting clients or situations on their personal social media accounts. This is never ethical. Even if counselors try to ensure that they have not included personally identifiable information, it is still unethical to seek consultation in these forums or to complain on social media, no matter how private it seems.

**Do not overdiagnose.** Counselors may struggle to see past their own negative reactions when diagnosing difficult clients. Historically, overdiagnosis has been a problem when counselors are working with minority populations, clients of different cultural backgrounds or children. Counselors must not give an inappropriate diagnosis based on their own feelings about clients.

**Do not refer unless it is in the client’s best interest.** It can be tempting for counselors to refer clients whom they dislike (whatever the reason). Counselors might think, “I can’t help this client if



The *ACA Code of Ethics* covers the reasons for termination and referral, and disliking a client is not a valid reason.



I don’t like them. How can I possibly build the rapport needed to assist them in making change?” Counselors may try to use a lack of progress as a reason for referral when the real issue is that they don’t like the client. The *ACA Code of Ethics* covers the reasons for termination and referral, and disliking a client is not a valid reason. See the May 2017 Ethics Update column for more information on termination and referral.

### Solutions

Counselors may dislike clients for many reasons. Fortunately, there are just as many ways that counselors can combat these negative emotions. When counselors have negative feelings toward their clients, these feelings should be investigated, not ignored.

Clients come first. The 2014 *ACA Code of Ethics* tasks counselors with always working for the benefit of their clients. This can be tough when a client is annoying. However, it is imperative that counselors ask themselves, “How can I work to improve my client’s well-being?” Counselors do not need to be their clients’ best friends to do their jobs effectively.

Consultation and supervision are extremely important in situations in which counselors find they have negative feelings toward a client. Counselors need to have a network of experienced professionals (who also abide by the *ACA Code of Ethics*) that they can turn to for support. This support system can be helpful in a number of ways.

“I began talking about [this client] in my supervision sessions,” said the

addictions counselor mentioned earlier in this article. “It felt like he was the client they designed clinical supervision for. It really took an outside perspective to see the dynamic that was going on. After a few weeks of talking about it, I decided I had to do one last thing: help him by being his least favorite therapist. Boundaries were the No. 1 thing he was lacking, and I wasn’t being clear enough about what mine were. By allowing him to get into my head, I became worse at my role. Once I started playing the ‘bad guy,’ I started seeing a change. He didn’t like me, but he respected me as a professional. Although he still wasn’t my favorite person, I felt able to help without having an emotional reaction overwhelm me. Eventually I just had to realize it’s OK to not like your client; it’s not OK to stop doing your job because of it.”

This story provides many solutions for counselors struggling with disliking their clients. For example, an outsider’s perspective can help counselors reframe their feelings about a client; that distance provides some coolness to emotional intensity. Another solution can be setting and enforcing boundaries. In this case, taking that action helped the counselor distance herself from emotional enmeshment, and it benefited the client.

Sometimes negative feelings can be important information in the clinical conceptualization of the client. In this situation, the counselor needed help from an outside consultant to show her the power dynamic. Once the counselor realized this dynamic, she took a different (and ultimately more effective) approach in the counseling sessions. Most important, the counselor made her client’s welfare a priority over her own feelings.

Negative reactions to a client can also be useful information for counselors in other ways. For instance, do they have a bias of which they were previously unaware? Do they need further education and training to improve their competencies? Can this reaction help in forming a treatment plan that will better fit their client’s needs? Counselors should periodically check in with themselves to examine all their feelings toward clients because these feelings can be useful signals to seek additional education or training.



Counselors can often address professional reasons for disliking clients, but in other instances, there is no clinical solution — i.e., a client who picks his nose, an in-home visit to a house filled with cigarette smoke. Therefore, practical advice and creative solutions may be needed to mitigate these issues. Sometimes all a counselor can do is offer a box of tissues or have a designated set of “in-home visit” clothes. These issues can be particularly stressful for counselors because there is little they can do to address them. Such difficulties can contribute to burnout, making self-care essential for dealing with the stresses of the profession.

It is natural for counselors, regardless of their level of experience, to have some clients they simply do not like. This does not mean that they are “bad counselors”; it means that working with people is difficult, and counseling can be a particularly challenging profession. Supervisors, counselor educators and other counselors can model this type of self-reflection by sharing their own experiences with one another.

Not every client will be a joy to counsel.

But regardless of their feelings for these individuals, counselors always have the ethical imperative to work for the well-being of their clients. Counselors must be aware of what triggers these negative reactions and have a network of support in place. In this way, they can continue to best serve all clients.



For additional information, consult the following standards in the 2014 *ACA Code of Ethics*:

- ❖ A.1.a. Primary Responsibility
- ❖ A.2.c. Developmental and Cultural Sensitivity
- ❖ A.4.b. Personal Values
- ❖ A.11. Termination and Referral
- ❖ B.3. Information Shared With Others
- ❖ B.7. Case Consultation
- ❖ C.1. Knowledge of and Compliance With Standards
- ❖ D.2.a. Consultant Competency
- ❖ D.2.b. Informed Consent in Formal Consultation

- ❖ E.5. Diagnosis of Mental Disorders
- ❖ E.8. Multicultural Issues/Diversity in Assessment
- ❖ F.5.a. Ethical Responsibilities
- ❖ F.7.e. Teaching Ethics
- ❖ H.6. Social Media
- ❖ I.1.b. Ethical Decision Making

In addition, make use of the following resources:

- ❖ *Boundary Issues in Counseling: Multiple Roles and Responsibilities*, third edition, by Barbara Herlihy & Gerald Corey, ACA (2015)
- ❖ “Counseling ‘unlikeable’ clients” by Laurie Meyers, *Counseling Today*, September 2016 ❖

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