Communication: Communicating with Clients Who Are Anxious

What Is Involved in Communicating with Clients Who Are Anxious

Communicating with clients may involve the social worker providing information to the client, actively listening to the client (i.e., providing feedback that shows the client that the social worker is engaged in the conversation), determining what information is most crucial for the client, and offering the information in a way that is easy for the client to understand. Many clients may be anxious when communicating with a social worker and that anxiety may present as feelings of apprehension, uncertainty, uneasiness, or dread resulting from either a perceived or real threat. The client may be anxious as a result of his or her current situation (e.g., inpatient in a hospital for medical reasons, court-ordered into therapy, new to therapy) and that anxiety may manifest in the client’s communication style. The client may be anxious as a result of needing to interact with a social worker, which may result in communication defense mechanisms that can be adaptive or pathological. Anxiety can cause the client to have trouble thinking clearly, difficulty concentrating, and a hard time absorbing new information.

What: A social worker needs to use specific interventions to meet therapeutic communication goals when the client is anxious. The social worker needs to recognize verbal and nonverbal signals that indicate anxiety; work to develop trust and rapport with the client to reduce the client’s anxiety; and establish a supportive, therapeutic relationship with the client to help the client feel receptive to the treatment or care plan.

How: When a client is anxious, the social worker needs to determine why the client is experiencing anxiety and, using social work techniques, reduce the client’s anxiety and its impact on communication regarding the treatment plan or interventions for the client.

Where: Communicating with clients who are anxious may take place in any outpatient or inpatient setting, at home, or in any location in which the client is receiving services.

Who: All social workers and clinicians must be able to communicate effectively with anxious clients. It is possible that family members or other caregivers may be present during times of communication. If the family member or caregiver is exacerbating the client’s anxiety, he or she may need to leave the treatment area; if the family member is seen as a supportive presence, however, it may be helpful to have him or her stay.

What Is the Desired Outcome of Communication with Clients Who Are Anxious?

The desired outcome when communicating with clients who are anxious is for the social worker to establish a supportive therapeutic environment and relationship with the client while maintaining the client’s safety and decreasing the client’s anxiety.

Why Is Communicating with Clients Who Are Anxious Important?

Successful communication between a social worker and an anxious client results in:

- a reduction in the client’s anxiety
- an improved quality of interaction as a result of reduction in anxiety
- an increased likelihood that the client will adhere to his or her treatment plan.
Facts and Figures

Older adults often experience late-life anxiety, especially if there are comorbid medical conditions, pain, or negative life events (Richardson et al., 2011). Maladaptive anxiety, which can include overactivity of the autonomic nervous system, restlessness, intrusive thoughts and worries, trouble concentrating, and physical symptoms such as fatigue and muscle tension, tends to manifest itself in the social worker–client relationship in one of four patterns (House & Stark, 2002). The first is anxiety linked to an adjustment disorder or anxiety closely linked to a particular stressor. The second is a generalized anxiety disorder in which the anxiety is pervasive and persistent and does not just take place when the client is in contact with the social worker. The third manifestation is if the client is experiencing panic disorder that involves abrupt surges of intense fear or discomfort (American Psychiatric Association, 2013). The final common manifestation is phobic anxiety related to a specific feared object or situation (e.g., surgery, needles, the social worker’s office).

What You Need to Know Before Communicating with Clients Who Are Anxious

The client may have varying levels of anxiety, which impact on the communication intervention:

- **Mild anxiety** is common in normal experiences and day-to-day living. Mild anxiety may present as impatience, apprehension, or mild discomfort. The client’s reality perception may even be improved with mild anxiety, and the client may be able to absorb new information in this state.
- **Moderate anxiety** involves heightened emotional tension and physical stress responses. There may be a negative impact on the client’s ability to think clearly and be perceptive, but the client may still be able to receive education in this state of anxiety. Client may be experiencing fatigue, trouble concentrating, and increased heart and respiratory rates.
- **Severe anxiety** results in a decreased perceptual field and distorted perceptions. A client in this state cannot absorb new information or engage in problem solving. Clients in this stage often have difficulty taking direction from others.
- **Panic-level anxiety** can involve disturbed behavior and losing touch with reality, trouble sleeping, hallucinations, delusions, or speech disturbances.

The social worker needs to try to understand why the client is anxious and then utilize therapeutic communication strategies and techniques to decrease the anxiety and improve communication. Then the social worker can create a therapeutic relationship with the client.

- Therapeutic communication techniques include the following:
  - Making oneself physically available to listen to the client
  - Using neutral, open-ended questions
  - Restating to the client the main content of the client’s communication
  - Reflecting back to client the emotional themes of the communication
  - Helping the client focus with goal-directed questions
  - Seeking clarification if something is unclear
  - Providing relevant information and education to the client that is related to his or her health, mental health, and general well-being
  - Being comfortable with silence. If the client is not speaking, do not talk just to end the silence
  - Summarizing the key points of the conversation
  - Mirroring the client’s communication by repeating verbatim to the client what he or she said

There are specific steps the social worker should take to help decrease anxiety. They include the following:

- Respecting the client’s personal space
- Providing a calming presence while still acknowledging the client’s distress
- Encouraging the client to participate in gross motor activities that can relieve tension (e.g., exercise, progressive muscle relaxation, guided imagery)
- Verbally recognizing the client’s feelings and desires
- Providing a quiet environment that has minimal external stimulation
- Listening without arguing
- Directing the client to acknowledge reality and focus on the present environment
- Offering choices
- Explaining the purpose of the meeting with the social worker and noting that the subsequent process could reduce client anxiety by relieving misperceptions
The social worker should also consider taking steps to manage the physical environment. These may include techniques such as leaving easy access to the door so the client doesn’t feel trapped or choosing more open spaces versus tight quarters such as a small, closed office. These steps can be particularly important for clients experiencing panic.

Preliminary steps prior to communicating with a client who is anxious should include the following:
• Reviewing the facility/unit/agency protocol for communicating with anxious clients, if one is available
• Reviewing any orders from a treating physician
• Reviewing the client’s medical history/medical record/mental health history to establish whether he or she has a medical condition, has a psychiatric condition, or is taking any medications that may cause or exacerbate anxiety.

Social Work Responsibilities with Regard to Communicating with Anxious Clients

The social worker should complete a thorough biopsychosocial-spiritual assessment, including psychosocial functioning, coping strategies, strengths, and potential vulnerabilities. In completing this assessment, the social worker should attempt to assess the client for a history of anxiety and level of current anxiety.

The social worker should ensure that his or her workspace offers a calm and soothing environment to minimize the negative impact on the client’s anxiety. For social workers in a hospital setting, this may entail finding a location away from the ambient hospital noise and distractions that may be present in the client’s room.

The social worker needs to ensure that he or she is not erecting counterproductive verbal barriers when communicating with clients. The following may be perceived negatively by the client and may escalate anxiety and distress:
• Giving advice or suggestions prematurely
• Reassuring clients prematurely or without a genuine basis for hope
• Using sarcasm or humor that is distracting to the client or minimizes the client’s situation
• Judging, blaming, or criticizing the client
• Lecturing or arguing with the client to try to convince the client that the social worker’s point of view is correct
• Using dogmatic statements (e.g., I know what is wrong with you, I know how you feel) or using jargon
• Interrupting the client excessively or at inappropriate times
• Talking too much or dominating the conversation
• Threatening the client

Internationally, social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the National Code of Ethics that applies in the country in which they practice (IFSW, 2012). For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to anxious clients and practice accordingly (NASW, 2008).

Social workers should develop an awareness of our his/own cultural values, beliefs and biases and develop knowledge about the histories, traditions, and values of our clients. Social worker should adopt treatment methodologies that reflect the cultural needs of the client (NASW, 2015).

Other Interventions That May Be Necessary Before, During, or After Communicating with Anxious Clients

Assess the client for any physical, emotional, or social barriers that keep the client from being able to communicate clearly and send and receive clear messages. These may include sedation, mental confusion, fear, doubts, or embarrassment.

Note in the client’s record any interventions that resulted in successful communication so that information is available to other clinicians or team members participating in the client’s plan of care.

Document any reduction in anxiety and utilize anxiety screening tools as appropriate.

What Social Work Models Are Used When Communicating with Anxious Clients?

Communication with anxious clients may be designed to follow various social work models, including ego strength, cognitive behavioral, person-centered, and family therapy. All therapeutic communication techniques can work within various social work models, so the choice of model depends on the assessment of the client and the proficiencies of the practitioner.
The main theories behind communication are the task-centered, client-centered, psychodynamic, psychosocial, cognitive-behavioral, and strengths-based counseling approaches.

**Red Flags**

Transference can take place during social work interventions. *Transference* refers to the feelings, emotional reactions, fantasies, or defenses that the client feels toward the social worker. Negative transference feelings include anger, betrayal, hurt, and rejection.

Anger can sometimes be hiding fear, anxiety, and vulnerability that the client is feeling, so the social worker should assess whether the anger is in fact a defense mechanism to hide the client’s anxiety.

**What Do I Need to Teach the Client/Client’s Family?**

- Use therapeutic communication techniques to try to resolve anxiety before providing any client education to increase the likelihood that the education is heard and understood.
- Ensure that the client and family understand that you are trying to work with and advocate for the client and are an ally who can be trusted.
- If the client is angry, try to help the client see whether there is fear or anxiety behind that anger that needs to be addressed and resolved.
- Ensure that the client and family are aware of boundaries and acceptable behavior in the social work setting.
- Educate the client and family on the signs and symptoms that indicate increasing anxiety and distress so the client and family can try to address them before a situation worsens.

**DSM 5 Codes**

- Generalized Anxiety Disorder 300.02

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**References**