Canadian Journal of Educational and Social Studies
Vol. 6(4), 2026, pp. 209-219

Social Workers' Approaches to Building Rapport with Resistant Clients

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DOI: 10.53103/cjess.v6i4.546

Abstract

This qualitative case study explored the approaches used by social workers in building rapport with resistant clients in a residential care setting. Conducted at Bahay Pag-asa in Pagadian City, the study involved three licensed social workers and two house parents who had direct experience working with Children in Conflict with the Law and Children at Risk. Using semi-structured interviews, the study examined how resistant clients are described, the forms of resistance encountered, the challenges experienced in rapport-building, the strategies applied by social workers, and the recommendations for sustaining rapport. Data were analyzed through categorical aggregation and the constant comparative method. Findings revealed that resistant clients were described through rule-defying behavior, self-insistent behavior, and shyness-differentiated behavior. Resistance appeared in verbal, nonverbal, and restriction-triggered aggressive forms. Social workers experienced difficulty in establishing trust and communication, encouraging program participation, and managing emotional strain. To build rapport, they used empathic listening, non-pressuring communication, and supportive activity engagement. The study concludes that rapport-building with resistant clients is gradual, relationship-centered, and strengthened by readiness-sensitive support, aftercare continuity, and holistic programs.

Keywords: Resistant Clients, Rapport, Social Workers, Residential Care, Strengths-Based Practice

Introduction

Social work practice depends greatly on the quality of the helping relationship between the practitioner and the client. In direct practice, rapport allows clients to feel

heard, accepted, and safe enough to participate in assessment, counseling, case management, and intervention. Rapport is especially important in settings where clients are not initially willing to engage, such as child-caring and rehabilitation facilities. For social workers, building rapport is not merely a communication technique; it is a professional process that establishes trust, cooperation, and the possibility of meaningful change.

Client resistance makes this process more difficult. Resistance may appear as refusal, silence, withdrawal, defensiveness, disrespect, avoidance, or aggressive reaction when limits are set. In residential care, resistance may also be expressed in everyday routines such as refusing to join activities, ignoring instructions, or rejecting the guidance of staff. Literature on youth engagement emphasizes that resistance is often shaped by trust, readiness, safety, autonomy, and the quality of adult-youth relationships (Papalia et al., 2022; van Dijk et al., 2023). For this reason, social workers must understand resistance not only as noncompliance, but also as a possible expression of fear, guardedness, frustration, adjustment difficulty, or the client's need for control.

In the Philippine context, residential care facilities such as Bahay Pag-asa serve Children in Conflict with the Law (CICL) and Children at Risk (CAR). These clients may have experienced family disruption, trauma, neglect, poverty, substance exposure, or involvement with the juvenile justice system. Such experiences may influence how they respond to professionals and institutional rules. Previous local studies have discussed the experiences of social workers handling CICL and the importance of rehabilitation-oriented practice (Suerte et al., 2023), yet limited attention has been given specifically to how social workers build rapport with clients who resist help. This study addressed that gap by exploring the lived practice of social workers and house parents in dealing with resistant clients in a residential care setting.

The study sought to answer the central question: How do social workers describe their experiences in building rapport with resistant clients? Specifically, it examined how social workers describe resistant clients, the forms of resistance they encounter, the challenges they experience in rapport-building, the strategies they use, and their recommendations for maintaining rapport.

Theoretical Framework

This study was anchored on the Strengths-Based Perspective developed in social work by Saleebey (1996). The perspective emphasizes that individuals, families, and communities possess strengths, resources, capacities, and possibilities for growth even when they are experiencing difficulty. Rather than defining clients only by problems or deficits, strengths-based practice encourages social workers to recognize resilience, preferences, past efforts, coping strategies, and the client's own understanding of what may help.

Applied to resistant clients, the Strengths-Based Perspective helps social workers interpret resistance with caution and empathy. A client's refusal, silence, insistence, or anger may be understood as behavior that communicates discomfort, fear, unmet needs, or a desire for autonomy. This perspective shifts the professional question from "what is wrong with the client" to "what is the behavior communicating and how can the worker respond in a way that protects dignity and encourages cooperation?" Strengths-based practice in child welfare supports engagement, empowerment, and relationship-building by recognizing the client's capacities and context (Toros & Falch-Eriksen, 2021).

The perspective also supports the strategies identified in this study. Empathic listening recognizes the client's story; non-pressuring communication respects readiness and self-determination; and supportive activities create opportunities for belonging and participation. In this way, the framework provided a lens for understanding rapport-building as a respectful, collaborative, and client-centered process.

Methodology

This study employed a qualitative case study design based on Merriam and Tisdell's (2016) approach. A qualitative design was appropriate because the study aimed to understand the experiences, meanings, and practice-based insights of social workers in building rapport with resistant clients. The case was bounded by the setting, the participants, and the phenomenon under study: rapport-building with resistant clients at Bahay Pag-asa in Pagadian City.

The study was conducted at Bahay Pag-asa, a residential child-caring institution in Pagadian City, Zamboanga del Sur. The facility provides temporary care, supervision, and rehabilitation-related services to CICL and CAR. It was an appropriate setting because client resistance and rapport-building naturally occur in its daily residential routines, interviews, programs, and helping interactions.

Five participants were selected through purposive sampling: three licensed social workers and two house parents. The social workers were directly involved in case management, counseling, intervention planning, and rehabilitation-related services. The house parents were included because they provided daily care, supervision, and support to the children and were able to observe resistance and rapport-building in everyday interactions. Participants were coded as SW1, SW2, SW3, HP1, and HP2 to protect confidentiality.

Data were gathered through semi-structured interviews. Separate interview guides were used for social workers and house parents, focusing on descriptions of resistant clients, forms of resistance, challenges in building rapport, strategies used, and recommendations for maintaining rapport. Interviews were conducted in a safe and convenient setting, with participants allowed to answer in English, Filipino, or Cebuano.

Responses were transcribed, translated when necessary, and organized for analysis.

Data analysis followed categorical aggregation and the constant comparative method. Significant statements were coded, similar codes were grouped into subcategories, and recurring patterns were developed into broader categories. Triangulation was applied by comparing the accounts of social workers with the observations of house parents. Ethical considerations were observed through informed consent, voluntary participation, confidentiality, and respect for participants' professional experiences.

Results and Discussion

The analysis produced five major categories: social workers' description of resistant clients, forms of resistance encountered, challenges in building rapport, strategies used in building rapport, and recommendations for maintaining rapport. These categories show that rapport-building with resistant clients is not a single event, but a gradual process shaped by the client's behavior, readiness, environment, and relationship with helping professionals.

Social Workers' Description of Resistant Clients

Social workers described resistant clients through three observable patterns: rule-defying behavior, self-insistent behavior, and shyness-differentiated behavior. Rule-defying behavior referred to clients who did not immediately comply with instructions, challenged staff authority, violated center rules, or showed disrespect. Participants explained that resistant clients may refuse to follow guidance even after repeated reminders. This description was supported by the house parents, who observed that some children remained stubborn despite explanations.

Self-insistent behavior referred to clients who strongly wanted their own preference to be followed. One participant explained that some clients insist that what they want should happen immediately. This behavior may appear as stubbornness, but it may also reflect the client's attempt to maintain control in a highly structured residential environment. Literature on youth participation reminds practitioners that young people need to feel that their views are heard and taken seriously (Bessell, 2011; Lansdown, 2018). Thus, social workers should distinguish between unhealthy defiance and the client's need to express choice or autonomy.

Shyness-differentiated behavior showed that social workers did not automatically label quiet clients as resistant. Participants differentiated shy clients, who may gradually socialize after a few days, from resistant clients, who persistently refuse to participate or remain disengaged even after encouragement. This distinction is important because similar outward behavior may have different meanings. Rubin and Chronis-Tuscano (2021)

emphasized the need for clarity in understanding social withdrawal, while Gazelle (2022) noted that social withdrawal and social anxiety may follow different developmental pathways. In practice, this means that social workers must assess the pattern and meaning of behavior before describing a client as resistant.

Through the Strengths-Based Perspective, these descriptions suggest that resistance should not be reduced to a negative label. Rule-defying behavior may indicate difficulty accepting authority, self-insistence may reflect the client's need for control, and quiet disengagement may require careful assessment. This approach helps social workers respond with curiosity and respect rather than immediate judgment.

Forms of Resistance Encountered by Social Workers

The study found three forms of resistance: verbal resistance, nonverbal resistance, and restriction-triggered aggressive resistance. Verbal resistance appeared through direct refusal, excuses, denial, and disrespectful communication. Clients may say that they do not want to participate, that they are tired, or that they are not feeling well. Some may minimize their behavior after an incident. These expressions show that resistance may function as spoken avoidance, self-protection, or opposition.

Nonverbal resistance appeared through actions such as lying down, avoiding eye contact, looking around, refusing to stand, or not joining activities. Participants emphasized that resistance is not always spoken; it may also be shown through body language and physical disengagement. Nonverbal behavior is significant in helping relationships because it can reveal the client's level of comfort, attention, and readiness to engage. Yokotani et al. (2020) found that nonverbal synchrony is connected with therapeutic alliance, suggesting that body language matters in the development of rapport.

Restriction-triggered aggressive resistance occurred when clients reacted strongly after being limited, denied, or prevented from doing what they wanted. Participants described clients becoming angry, sulking, or fighting when their preferences were not granted. House parents also observed that some children were triggered when they wanted to play but were not allowed. This finding is consistent with studies indicating that conflict and aggression are common concerns in residential and inpatient youth settings (Slaatto et al., 2021). Such behavior may reflect frustration, difficulty with emotional regulation, or distress in response to perceived loss of control.

Overall, these forms of resistance show that social workers need to observe both words and behavior. Verbal refusal, nonverbal withdrawal, and emotional escalation require different responses. A strengths-based response treats each form as information about the client's readiness, emotional state, and need for support.

Challenges in Building Rapport with Resistant Clients

The first challenge was difficulty in establishing trust and communication. Participants reported that newly admitted clients do not immediately trust staff and may be difficult to talk to during the first days. Some clients also express hopelessness, believing that there is no chance for improvement. This makes rapport-building difficult because the client may not yet believe that helping professionals can be trusted. Research on residential care shows that relationship quality develops through professional behavior, time spent together, and repeated meaningful interaction (Pinheiro et al., 2024). Trust, therefore, cannot be rushed.

The second challenge was difficulty in encouraging program participation. Social workers shared that some clients refuse to join programs, activities, or group sessions. They avoid forcing clients because pressure may worsen resistance or anger. This challenge is significant because programs and activities are also opportunities for positive interaction. When clients refuse to participate, the social worker loses chances to build familiarity, cooperation, and trust. Boel-Studt et al. (2018) linked youth engagement in residential group care with therapeutic alliance and goal attainment, showing the importance of participation in the helping process.

The third challenge was difficulty in managing emotional strain. Social workers described the work as emotionally affecting, tiring, and at times draining. Repeated disrespect, refusal, and emotional attachment to clients can lead to stress and burnout. This finding shows that rapport-building is not only emotionally demanding for clients; it also requires social workers to manage their own reactions while remaining patient and professional. Child welfare literature recognizes secondary traumatic stress and burnout as relevant concerns among workers serving vulnerable children and families (Rienks, 2020; Whitt-Woosley & Sprang, 2023).

These challenges show that rapport-building requires both client-centered engagement and worker support. Social workers need skills in communication, patience, and emotional regulation, but they also need supervision, peer support, and organizational resources to sustain effective practice.

Strategies Used in Building Rapport with Resistant Clients

The first strategy was empathic listening. Social workers emphasized the importance of listening to clients, asking how they are, allowing them to share what they want to talk about, and trying to understand their experiences. Empathic listening helps clients feel that they are not judged and that their feelings are recognized. Elliott et al. (2018) identified therapist empathy as an important factor in client outcomes, while Sinai-Glazer (2020) emphasized listening, compassion, trust, and being understood as core

elements of the helping relationship.

The second strategy was non-pressuring communication. Participants explained that resistant clients should not be pressured with too many questions or forced to disclose immediately. One social worker described the approach as staying calm, asking one question at a time, and avoiding an interrogation-like style. This strategy respects the client's readiness and protects the helping relationship from becoming controlling. Van Dijk et al. (2023) found that autonomy-supportive communication can improve adolescents' engagement, which supports the use of calm and non-controlling communication with resistant clients.

The third strategy was supportive activity engagement. Social workers used games, rewards, peer encouragement, and group activities to create low-pressure opportunities for interaction. Some clients do not open up through direct conversation, but gradually become comfortable through activities that help them experience belonging and positive attention. Participants shared that peer support from an older-sister figure, games, and rewards helped some clients participate and later approach staff voluntarily. Studies on residential care support the importance of relational and participatory activities in helping young people feel connected (Gallardo-Masa et al., 2024; Roche et al., 2021).

Together, these strategies show that rapport develops when clients are heard, not pressured, and given meaningful opportunities to engage. From a strengths-based lens, these strategies recognize the client's capacity to trust and participate when the environment becomes safe, respectful, and supportive.

Recommendations for Maintaining Rapport with Resistant Clients

Participants recommended readiness-sensitive support, aftercare continuity support, and holistic program support. Readiness-sensitive support means adjusting engagement according to the client's emotional state, capacity, and willingness to open up. Social workers recommended giving time and space, avoiding harsh communication, and not going beyond what the client can handle. This recommendation supports youth engagement literature emphasizing that strategies should be tailored to the young person's needs and readiness (Toews et al., 2024).

Aftercare continuity support refers to maintaining connection and support after the client leaves the residential setting. Participants recommended home visits, family contact, school monitoring, barangay coordination, counseling, and regular follow-up. This shows that rapport should not end abruptly when the client is discharged. For justice-involved youth, aftercare can support adjustment by addressing risk and protective factors after release (Selimi et al., 2025). In the Philippine residential care context, stable and family-like relationships with staff and caregivers are valued by children (Roche et al., 2021), making continuity of support important.

Holistic program support refers to strengthening programs that address emotional, social, educational, recreational, and developmental needs. Participants recommended mental health awareness, drug awareness, counseling, psychologist support, sports, toys, livelihood training, and more client-centered activities. These recommendations suggest that rapport is strengthened not only by one-on-one conversation but also by programs that make clients feel involved, supported, and hopeful. Miguel et al. (2024) emphasized the need for mental health interventions for children and adolescents in residential care, while Gameiro et al. (2024) showed that activities involving sports, art, peers, and families can support protective factors in residential settings.

These recommendations show that maintaining rapport requires sustained relational effort and supportive systems. Social workers can build trust through readiness-sensitive engagement, but agencies also need to strengthen aftercare, family coordination, community support, mental health services, and meaningful activities.

Conclusion

This study concludes that building rapport with resistant clients in a residential child-caring setting is a gradual and relationship-centered process. The experiences of social workers show that rapport cannot be established through pressure, force, or immediate compliance. Instead, it develops when social workers understand the meaning behind resistance and respond with patience, empathy, respect, and readiness-sensitive communication.

The study also concludes that resistance should be viewed within the client's situation and adjustment to the residential environment. Rule-defying behavior, self-insistence, verbal refusal, nonverbal disengagement, and aggressive reactions may indicate difficulty trusting others, accepting guidance, managing frustration, or feeling safe within institutional routines. Because of this, social workers need to assess resistant behavior carefully and avoid broad labels that may overlook the client's strengths and needs.

Overall, effective rapport-building requires consistent relational effort, supportive activities, aftercare, family and community involvement, and holistic programs. Through empathic listening, non-pressuring communication, and supportive engagement, social workers can help resistant clients gradually develop trust, participate in the helping process, and move toward positive adjustment.

Recommendations

Based on the findings, practicing social workers in Bahay Pag-asa and similar residential care settings should use readiness-based and client-centered approaches when working with resistant clients. Empathic listening, calm communication, and non-

pressuring techniques should be applied to help clients develop trust gradually.

Residential care facilities and social welfare offices should provide regular training on handling resistance, de-escalation, trauma-informed care, strengths-based practice, and therapeutic communication. Agencies should also provide supervision, peer support, and stress management activities to help workers manage emotional strain and burnout.

Facilities should strengthen engagement-focused programs such as group sessions, recreational activities, peer-supported activities, sports, life skills training, awareness programs, and mental health services. The DSWD, LGUs, CSWDO, and barangay councils should also strengthen aftercare and community coordination through home visits, family monitoring, school follow-up, counseling, and barangay-based support. Future researchers may conduct similar studies in other Bahay Pag-asa centers, rehabilitation facilities, or community-based programs and include the perspectives of clients, parents, barangay workers, and other stakeholders.

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