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SOCIOLOGY | RESEARCH ARTICLE

Challenges in dealing with involuntary clients

Faheem Bukhari^{1*}, Rashed AlKetbi², Sara Rashid¹, Arsalan Ahmed¹ and Khurram Shakir³

Abstract: The study focused on exploring the challenges being faced by social service workers in dealing with involuntary clients. This study is qualitative in nature and in-depth semi-structured interviews were used as a tool for data collection. The data was collected from 21 social service workers residing in Abu Dhabi, Al Ain, and Al Gharbia. Moreover, a purposive sampling technique was deployed and the Thematic Content Analysis technique was used to analyse the results. The qualitative interviews explored various challenges being faced by the involuntary clients. The most prominent ones are the client's anger, frustration, reluctance, lack of confidence, discipline, and motivation. All of these factors pose huge challenges for social workers because they lead involuntary clients to a situation of poor communication with social workers. This study has created a new body of knowledge that can be used in the Middle East and the Western parts of the world. From the academic perspective, this study is value addition in the literature of social service workers. From the practitioner perspective, this study provides an opportunity to work on such challenges while developing effective strategies to counter them.

Subjects: Social Work; Social Representation; Social Influence

Keywords: Involuntary clients; social worker; social service centres



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PUBLIC INTEREST STATEMENT

The behavioral understanding of involuntary clients is a growing phenomenon for researchers in the field of social sciences. The actions and dealing with such cases are a challenging task for the social workers and UAE (United Arab Emirates) is not an exception. Social workers in the UAE tend to use methods being developed and practiced in the Western world. However, these do not consider significant cultural and historical differences along with the fact that social work services are observed very differently in the UAE as compared to the Western culture. Hence, this study aims to explore the challenges while dealing with involuntary clients and particularly within the context of UAE culture. A detailed in-depth qualitative analysis was conducted to explore the challenges being faced by the social workers, enabling the practitioners and researchers to develop a sound understanding of the subject matter. Also, a potent value addition in the literature of involuntary clients and a new body of knowledge from the middle eastern region.

Introduction

The United Arab Emirates (UAE) is undergoing a rapid social, economic and structural change (Janebová & Truhlářová, 2018) and this is posing several new challenges across society, not least; in the provision of social services. Social service workers in the UAE when dealing with the involuntary clients tend to use techniques and approaches developed in Western societies, enabling them to handle such resistant clients. However, these social workers in the UAE do not consider the massive cultural differences while adopting such approaches. Social work and the social services are viewed very differently in the UAE as compared to the West (Janebová & Truhlářová, 2018). Hence, addressing the challenges in dealing with involuntary clients is welcoming researchers to explore this untapped area (Rooney & Mirick, 2018). Furthermore, there is also a need to explore the challenges that affect the quality of services offered by UAE social support centres (SSC), focusing on involuntary clients. Social work practitioners are on the front line in these challenging tasks and thus, possess the knowledge that will be required to produce practical solutions. The exploration of various challenges would benefit the social workers in efficient management of such clients in the UAE. These include the clients themselves, the UAE government, the management of the SSC centres, women's groups, child protection groups, the UAE police, the UAE court system and welfare groups.

The UAE consists of seven emirates in which a system of absolute monarchy with internal struggling for power existed for centuries. There is a limited body of research into social work practice in the UAE. Minimal work has been done in the UAE relating to the area of client resistance, and the broader body of literature on this topic remains relatively narrow. (Chui & Ho, 2006; Hendricks et al., 2007; Trevithick, 2011). Social workers in the UAE tend to use techniques and approaches developed in stable Western societies, which had undergone industrialisation centuries ago. These do not consider significant cultural and historical differences along with the fact that social work and social services are viewed very differently in the UAE than they are in the Western world (Crabtree, 2008b). Therefore, this study aims to explore the challenges while dealing with involuntary clients and especially within the context of UAE culture. The exploration would add value in the area of involuntary clients and a new body of knowledge would be crafted with respect to the culture within the middle east. Moreover, this study allows UAE social workers to recast the Western social work code of ethics and best practice models to conform to the UAE social and cultural practices where the family tends to function as a far more extended and extensive social unit. The stated discussion leads towards the following research objective:

Research objective

To explore the challenges in dealing with involuntary clients in the context of United Arab Emirates.

The rest of the paper is organized as follows: The upcoming discussion establishes the literature review followed by research methodology. Lastly, study implications, future research direction, and conclusion are discussed.

Literature review

A social worker must always balance a pathway between control and care while engaging with their clients (Turney, 2012; Webb, 2010). This task becomes quite challenging when the clients are involuntary. Involuntary clients often referred to as mandated clients, who are coercively brought to treatment by a legal entity or the pressure from notable family members or other institutions such as police, court order or any welfare organization (Gray & Webb, 2012; Sotero et al., 2016). Examples include clients charged with sexual crimes, domestic violence or assault charges.

Client's engagement

It is extremely important for social workers to develop an agreement on the purpose and the process of the treatment with involuntary clients. Keeping this in view, there are certain challenges faced by social workers while engaging with their clients (Graham et al., 2009a; Houston & Montgomery, 2017; McLaughlin, 2014). Amongst them, the most notable challenges are the

client's realization of the importance of the treatment for his/her wellbeing, the client's agreement with the therapeutic processes of the therapist, realization of the significance of the therapeutic relationship, and client violence (Chovanec, 2017; Jacobsen, 2013). As per the relational cultural framework, developing a mutual empathy between the client and the therapist is the key to engage a client and therefore, this enables to overcome all the challenges faced by the therapist (Comstock et al., 2008). The involuntary client's framework establishes the legal, ethical, and useful involuntary client engagement strategies on the basis of primary sources grounded upon the relational cultural framework. These sources serve as the motivational factors for the treatment (Rooney & Mirick, 2018).

Ethical considerations

A social worker while working with involuntary clients, needs to recognize ways to deal with ethical and value-laden issues (Turney, 2012). These issues can be addressed and properly dealt with through the application of a relationship-based practice grounded upon the concepts of recognition, reciprocity, and respect. Responding to the ethical and value-based issues include the three most notable challenges namely resistance and reluctance, mistrust, and the power structure in involuntary relationships.

Client reluctance and resistance

Client resistance and reluctance are considered as two major challenges faced by a social worker while engaging with an involuntary client. Reluctance is related to the client's desire of not being close to the therapist or being engaged in any form of communication with the therapist about their personal lives. On the contrary, resistance is defined as the opposition and aggression towards change. Both resistance and reluctance lead to the noncooperation and rebellious attitude of the client towards the treatment (Jacobsen, 2013). For involuntary clients who are usually forced for the treatment, the concepts of reluctance and resistance are seen commonly (Bergner, 2019). A study on domestic abuse by men, conducted by Chovanec (2019), concluded that majority of men are reluctant and they oppose the idea of engaging with a social worker during treatment due to the fear of being jailed or facing other punishable outcomes.

Resistance is the most significant barrier to engaging involuntary clients. Majority of involuntary clients simply resent the intrusion in their lives, refuse to accept the reasons for the intervention, and avoid co-operating with the social worker as much as possible (Trotter, 2015). Relationship building is critical to the success of social work interventions and a key to engaging involuntary clients. However, typically, high resistance makes it difficult to build a relationship, often leading to low engagement from the outset of the intervention (Trotter, 2015). It is also difficult for the social worker to motivate a client in a compulsory setting. Without a strong relationship, demonstrating the relevance of the program, the importance of addressing the terms of the mandate and the need for change pose significant challenges.

Denial attitude

Reluctant client behaviour is often expressed by terms such as denial and resistance (Husby et al., 2019; Okamoto et al., 2019). Irrespective of the term used, this kind of client behaviour is associated with strategies of non-engagement during a therapeutic treatment (Scott & King, 2007). The meaning of resistance was further explored by Arkowitz (2002) and he concluded resistance to be an expression of the client's ambivalence as a result of any possible change that might occur due to the professional engagement process. It has been recognized that the most notable challenge while engaging with the client is the client's resistance due to coercive treatment (Jacobsen, 2013). The most prominent challenges that have been recognized in the past include engagement with groups such as teenagers and families with multiple stresses and unwillingness of people who are pressurized for an involuntary treatment (Sotero et al., 2016).

Hostile behaviour

Non-engagement resistance can also be a result of misrecognition for instance, stereotyping ethnic minorities as disengaged, or stereotyping single women as bad mothers or accusing older people to be incapable of self-care (Turney, 2012). In such scenarios, the hostile and disengaged behaviour of the client is natural and expected. The therapist should be able to make the client feel that he/she is recognized, is not being judged and that their perspectives are respected (Niemi, 2020). Also, the client's claim for recognition should not be accepted without proper knowledge, testing, and evaluation. The difficulties arise while differentiating between honest, ethical, and false unethical claims. The expectancy of mutual recognition between a client and a therapist is reciprocal therefore, it is vital to be conscious of one's own attitudes and believes of not falling prey to the misrecognition of aggressive clients. The sense of rejection and misrecognition from the clients can have a great effect on the treatment process and may even lead to potential castigatory and the equally trivializing reaction of the social worker. Therefore, it is extremely vital for practitioners to be alert of the dimension of misrecognition and respond accordingly.

Establishment of trust

Mistrust has been defined as a major challenge to engage involuntary clients (Jacobsen, 2013). The element of mistrust has been described explicitly while engaging with mandated or pressurized clients. Mistrust reflects a client's absence of trust about the treatment provided by the therapist (Jacobsen, 2013). Mistrust curtails from clients who have confronted legal punishable outcomes (Bergner, 2019). The clients who lack trust towards a therapist are more likely to exhibit the manifestation of a persistently adverse and destructive attitude towards the therapist, the treatment, and the legal entity who forced them in a therapy (Jacobsen, 2013). Additionally, experts have considered involuntary clients as "resistant," and "unmotivated" (Trotter, 2015).

Trust forms the basis upon which the relationship between a client and a therapist is grounded. Involuntary clients frequently deceive the therapist and hide reality. As per previous researchers, a social worker must be able to detect misleading information delivered by the client. It is extremely important for a worker to gain expertise in maintaining a trustworthy relationship with their client. However, a therapist needs to pay heightened attention to probability or disguised compliance (Turney, 2012). Previous researchers have investigated cases where professional therapists were misled due to fragmented and incomplete information. In such situations, it is difficult to distinguish between false claims and reality. A therapist must be able to balance scepticism due to limited knowledge. Maintaining this balance is difficult owing to the fact that there is no genuine relationship to draw on (Turney, 2012). In a relationship-based approach, every relationship with a client develops a level of engagement. A past researcher has claimed that "an absence of trust can only be repaired by an experience of trust" (Smith, 2001). A social worker must be a role model of trustworthiness and must be able to respectfully deal with client's concerns and perceived risks. Dealing with an aggressive client while maintaining a respectful attitude is a tedious job (Munro, 2019). Whereas, dealing with misleading information and uncomfortable situations makes the job of a practitioner quite challenging.

According to the social power theory, people in a social relationship exert power over each other (Gabel, 2011). Power is not only interactional but also situational and socio-emotional in character (Dunbar & Burgoon, 2005). A therapist influencing a client's opinion, attitude, and behaviour is considered as an "agent" and the client who is being influenced acts as a "target" (Raven, 1993). Previous researchers have studied power and influence within social interactions and have concluded that power is the ability of an agent to control the behaviour or opinion of their target within a social relation. In case of a client-therapist relationship, the opinion of the client is mostly different from the therapist, consequently resulting in conflict and negative attitude of the client towards the treatment. Mostly coercive and punitive behaviour in a client-therapist relationship yields negative results of the treatment leading to client aggression and reluctance. The practitioner possesses different dimensions of power bases while treating the involuntary client as per the study of Power typology (Gabel, 2011). Therefore, a social worker needs to identify and deploy

useful power bases in order to get the desired outcomes from the client. Application of power by a social worker while dealing with involuntary clients is always a challenging job. It requires therapists to continuously seek for an appropriate approach of using power so as to yield a healthy relationship with the client. Balancing the care and control function by a practitioner while dealing with mandated involuntary clients is a challenging task. In such circumstances, the coercive response of the therapist results in client disengagement. In such cases, the expert and information power bases can be a useful and smart approach to engage with the clients. Expert power is defined as the power derived from the ability, knowledge, and expertise of “the agent” as per the perception of the “target” (Fenton, 2005).

A therapist must carry an attitude of open-mindedness and curiosity of hearing more from the involuntary client. Being open minded is the key to overcome the challenge of discrepancy in power structures in a client-worker relationship (Dominelli, 2010). Deploying the correct power bases is not a sign of weakness rather, it is a sign of intellect. Therefore, we can say that the success of a therapist lies in maintaining open-mindedness towards client’s perspectives (Mason, 2018). The use of an informative power base might be beneficial from the client’s perspective (Mason, 2018). A therapist must be able to use their expert power owing to their clinical experience and expertise in order to influence their client’s behaviour. This approach will help a client to successfully overcome the negative attitude and emotions that a client carries against the therapist. A professional social worker should be able to deploy a defensive behavioural response to emotionally charged situations (Ruch, 2009). Establishing mutual coordination through honest communication and commitment helps to maintain an ethical relationship with the client (De Jong & Kim Berg, 2001). Maintaining reciprocity in power structure will help a social worker in overcoming the challenges that arise due to the discrepancy in power between an agent and the client.

Client retention

Another barrier to social worker engagement is involuntary client retention (Kiracofe & Buller, 2009; Rooney & Mirick, 2018). Resistant and unmotivated clients may not even be retained within the terms of the mandate, and it may be necessary to refer these clients back to law enforcement agencies at the outset of the intervention. A client’s intention to complete a program is linked to their motivation to participate. This may fluctuate over time. As a result, practitioners cannot rely on a linear model but ought to adopt a flexible program design (Turney, 2012; Trotter, 2015). It can usually be a major impediment to the client’s progress as they are unmotivated from the outset. Therefore, a core strategy of any intervention must be to motivate involuntary clients.

Methodology

This is a qualitative exploratory study aimed to investigate the challenges being faced by social workers when dealing with involuntary clients. The data was gathered from three social service centres based in Abu Dhabi, Al Ain, and Al Gharbia. There are three organizations associated with the management of involuntary clients. The Abu Dhabi police department to advise the involuntary clients, the local courts and lastly, private licensed agencies providing consultation to involuntary clients. The respondents were the social service workers based in the stated cities of UAE. These cities signify the main geographical areas in the UAE with a varied representation of social workers justifying the generalizability of the study outcome (Gobo, 2016). Participants in each city were interviewed until an accumulation of opinions commenced to appear (Saunders et al., 2009). A total of 21 participants was part of the interview process and their selection was based upon their experience in dealing with involuntary clients and education level. These social workers are connected with the Social Support Centres in the UAE, specialized to deal with involuntary clients. An in-depth semi structured interview was used to collect the data to extract the challenges being faced by social service workers when dealing with involuntary clients. This method allowed the interviewees to record their lived experiences by providing thorough data to the researcher (Saunders et al., 2009). Once the data was collected, the Thematic Content Analysis was used to extract the findings wherein each interview was transcribed then coding, sorting and sifting technique was applied. The researchers made sure to maintain the data’s reliability and validity. Establishing the validity of the qualitative data is a paramount consideration in the qualitative findings. In this study, the element

of data validity was taken into high consideration to maintain the data trustworthiness (DeCuir-Gunby et al., 2011). Firstly, a member check was performed by contacting the interview participants and ensuring the correctness of their responses (Shenton, 2004). Secondly, the findings were sent to 2 domain experts to verify the results dully reposted by the respondent (Horsburgh, 2003). Maintained a complete audit track ensuring the data's reliability and authenticity (Shenton, 2004). Moreover, the aspect of reflexivity was also followed, ensuring the self-reflection to avoid bias in the result. Also, ample time was spent to collect the data to ensure the quality input from the participants. Lastly, the diversity of the interview participants permitted the researcher to conclude the maximum variation in the study results (Polkinghorne, 2005).

Results and analysis

Table 1 below illustrates the demographic profile of the study participants.

Interview findings

In this study, an in-depth analysis was conducted by deploying the inductive method. This study is based on phenomenology philosophy which emphasizes on the lived experiences, hence inductive approach was best suited (Gobo, 2016). Moreover, thematic content analysis (TCA) was used and applied the data preparation, coding, and interpretation to conclude the study findings (Creswell & Clark, 2017).

Data structure and reporting

Once the interviews were performed, the researcher transcribed the data by using the audio recordings and then the data structure was established based on 1st order concepts and 2nd order categories and final themes. **Table 2** demonstrates the data structuring from this qualitative phase of the study, which is an important stage in the data analysis. The data structure allows the researcher to organize the data into an applied graphic format and also validates an information flow as to how the researcher moved from raw data to the final themes (Lewis, 2015).

The information on the left-hand side demonstrates the associated quotes extracted from the interview data. The second-order themes embody an abstraction from the quotes, and these were then refined to the final themes listed on the right. The qualitative interviews discovered numerous challenges being faced by social workers. During the interviews, the following themes of such challenges were discussed by the interview participants. A thorough discussion of the themes illustrated in **Table 2** is presented next.

Anger and hostile behaviour

The interview participants discussed the element of anger or hostility. Fourteen participants revealed that anger is one of the paramount challenges being faced by these social workers. Clients get angry, and they are unpredictable. Most of the time, they do not listen to the therapist and their hostility is one of the key indicators of their unhappiness and unwillingness. Participants also revealed that clients always blame others and respond with anger. This attitude leads to an

Table 1. Demographic profile of the participants

Elements	Characteristics	Number
Gender	Male	14
	Female	07
Age group	Age group	36–45
Education	Bachelor's degree	14
	Master's degree	07
City wise participation	Al Ain	07
	Al Gharbia	07
	Abu Dhabi	07

Table 2. Data structure and reporting process

1 st order concept	Sub themes	Themes
Well they are not open to speaking and they don't want to share their issues completely. They are sometimes very angry, because they are sent by force (P#11).	Displeasure, irritation, annoyance and violence	Anger/Hostility
Well they are always sad and angry. They blame others for their bad situations (P#06).		
They are talking excessively or quiet and withdrawn. They sometimes overwhelm themselves. They are always blaming others and never take the responsibility (P#16).	Dissatisfaction, resettlement, anger and grievance.	Frustration and embarrassment
Most of the time they lie because of their lack of confidence (P#09).		
They lack confidence, they are not interested in engaging in any sort of conversation because they feel that they are not normal and the society is making fun of them rather than helping them (P#18).	Hesitant, unwillingness and objection	Reluctance
They are sometimes very silent and speechless; they think that you would use their conversation against them (P#12).		
In general cases the involuntary clients lack self-confidence to share their problems (P#10).	Low spirits, pessimism, discouragement	Lack of confidence
Due to this low self-esteem, they are not willing to discuss freely (P#12).		
They are not disciplined at all and show a casual attitude (P#07). They often miss the appointments and show no interest in scheduled meetings (P#19).	Casual attitude, lack of time management, lesser interest	Lack of discipline
I don't see them as motivated; they are not enthusiastic due to ongoing personal issues (P#18).	Less willingness and low enthusiasm	Lack of motivation

Source: Data extracted from the interviews

immense challenge for social workers as they cannot concentrate, and it ultimately interferes with their attention. Following are some participants' statements about anger/hostility as a challenge in dealing with involuntary clients:

"Well they are not open to speaking, and they don't want to share their issues completely. They are sometimes very angry because they are sent by force" (Participant # 11).

"Well, they are always sad and angry. They blame others for their bad situations." (Participant #06).

"They are unpredictable, they have mood swings, and you can predict their anger, and this creates obstacles during the meetings." (Participant #20).

"Their behaviour is quite hostile, they are not ready to listen and I have seen them angry all the time since they are forced to meet us" (Participant 18)

Frustration and embarrassment

During the qualitative interviews, the element of frustration and embarrassment was discussed, with six participants reporting that their involuntary clients showed these two emotions. Frustration leads clients to hide their real problems; they are not happy with anything in their lives. At the same time, their embarrassment also hinders them from sharing their problems and this shy attitude from them tends to create hurdles. Some participants' statements follow about frustration and embarrassment as a challenge to dealing with involuntary clients:

"They are talking excessively or quiet and withdrawn. They sometimes overwhelm themselves." (Participant # 11).

"They always blaming others and never take responsibility." (Participant # 16).

"Most of the time, they lie because of their lack of confidence" (Participant #09).

"They feel embarrassed to discuss their issues and this hampers the discussion and final conclusion to their problems" (Participant # 8)

Reluctance

The interviews also revealed an important challenge i.e. clients' reluctant behaviour. Seventeen participants revealed that clients are reluctant to share their problems; they feel insecure and scared for being judged and bullied by people. They do not speak the truth, and in many instances, they are not even willing to share the true problem. This reluctant behaviour hampers the communication between the workers and involuntary clients. Thus, it becomes a great challenge for social workers to gain real insights from these clients. With this behaviour, the social workers are not able to come up with the right solutions to the prevailing problems. Following are some participants' statements about reluctance as a challenge in dealing with involuntary clients:

"They lack confidence; they are not interested in engaging in any sort of conversation because they feel that they are not normal and the society is making fun of them rather than helping them". (Participant # 18).

They are sometimes very silent and speechless; they think that you would use their conversation against them'. (Participant # 12).

"Not ready to share their problems due to lack of trust and motivation, they are not ready to discuss openly" (Participant # 03)

Their lack of trust and confidence hampers their involvement in the entire process, not ready to participate and at the same time create a stressful situation which actually impacts the participation" (Participant # 02)

Confidence

Fifteen participants revealed that their involuntary clients lack self-confidence and are not confident in what they say and claim. They always look for someone to help them during a conversation, which disturbs the flow of communication. What follows are some participants' statements about lack of confidence as a challenge in dealing with involuntary clients.

"In general cases, the involuntary clients lack the self-confidence to share their problems" (Participant # 10).

"Due to this low self-esteem, they are not willing to discuss freely" (Participant # 12).

“The on-going issues have really impacted their overall confidence and with this they are not ready to participate nor willing to share any problem” (Participant # 16)

“Confidence is the key which is highly missing in these clients and hence a bottle neck in the entire process” (Participant # 15)

Discipline

Lack of discipline also emerged as an important theme and challenge. Ten participants revealed that involuntary clients have a very casual attitude, not coming on time, frequently skipping appointments, not taking any interest in the conversation, hiding the truth, and not sticking to their word. This behaviour disturbs the motivation and morale of social workers, hindering them from becoming engaged with involuntary clients. Some participants’ statements about the lack of discipline as a challenge are as follows:

“They are not disciplined at all and show a casual attitude.” (Participant # 07).

“They often miss the appointments and show no interest in scheduled meetings.” (Participant # 19).

“They take the meeting casually and show no interest in the conversation.” (Participant # 11).

“They don’t come on time, don’t take the advices seriously and their body language is casual, showcasing no interest what so ever” (Participant # 10)

Motivation

Ten participants reported that their clients show lack of motivation and interest in the meetings set up with them. They are neither energetic nor enthusiastic, making it clear that they are being coerced to be a part of the therapy. They do not display any interest, even if the social workers try to approach them with empathy. Following are some participants’ statements about lack of motivation as a challenge in dealing with clients:

“I don’t see them as motivated. They are not enthusiastic due to ongoing personal issues.” (Participant # 18).

“They lack motivation and have no interest in their core issues.” (Participant # 11).

“I don’t see any interest in their conversation and actions, and this is a sign of lack of motivation.” (Participant # 09).

“The motivation level is close to zero, they are not ready to share and participate due to their on-going issues, for them there is no point to discuss and hence demotivation persists” (Participant # 06)

Discussion

Several difficulties and challenges have been set out by the social workers as hindrances to perform to their optimum capacity and help their clients to the maximum level possible. These challenges have to be addressed in order to create best set of strategies for the efficient management of resistant clients in the UAE. The following issues were mentioned by several of the social workers as impediments to their performance on the job: clients’ aggression at many levels, their depression, their lack of confidence and their general recalcitrance, each of which necessitate de-escalation techniques. Each is discussed further below, with mitigating measures proposed. One significant area of difficulty, as expressed by the social workers during their interview was the issue of aggression, violence, and abuse. Since all of the involuntary clients are visiting the social worker

against their will, the chances of such behaviour can be high. Interestingly, among the 21 social workers interviewed, with involuntary clients far more had negative than positive experiences, at least in terms of the experiences they spoke about over the course of their interview.

The study found that most involuntary clients displayed outright hostility or aggression. In the mildest cases, the social workers reported simple anger and a refusal to listen. Another example was of a client who was emotional and angry, as a result of which the discussion could not proceed towards a solution. However, several also reported episodes where they were abused verbally, threatened and sometimes physically assaulted. In some cases, the clients were also so distraught that they were unable to communicate, and hence, the social workers felt that the entire exercise was a failure. Thus, from this data, these negative experiences can be classified into various types: anger and refusal to participate, frustration and embarrassment, reluctance to share, lack of confidence, lack of discipline and, lack of motivation. In all cases, the clients either posed a danger to the social worker or centre; they were blocked off or distraught to the point of not receiving any help. In all cases, the involuntary clients' problem could not be solved.

In many cases, the participants also reported feeling devastated because of the negative experience. This can be detrimental to the morale of these workers as well as to their long-term prospects for a career in social work. There is also the serious fact that the job-related physical danger could cause a serious injury or perhaps even worse in some cases unless such risks are addressed. It would also be important to address the issue of the physical safety of the clients. In many cases, the participants reported that their physical safety was threatened, this caused almost all the social workers to feel afraid in their own workplace. Therefore, several steps will have to be taken to ensure that social workers are safe at their workplace. First, it may be prudent to study the practicality of placing a security guard in the room or just outside the room when a social worker is meeting with an involuntary client. On one hand, this may assure the safety of the worker. However, on the other side, it may result in making the client even less likely to open up. Alternatively, before the client arrives, social worker teams could perform an assessment of the threat or risk posed. However, this is not a fool-proof method.

Another possibility is for social workers to be trained specifically in speaking with clients on the verge of losing control, learning de-escalation techniques, and practising these in simulated scenarios. Again, this is not a failsafe method but could prove helpful. It may be beneficial to study and tailor the work and practices conducted in other parts of the world regarding this specific issue. It is vital to consider that the safety and security of the social worker should never be compromised and must be taken as a high priority exercise. Even though many clients do not indulge in violence; however, they do find ways to express their displeasure by refusing to engage with the social worker.

This refusal can range from refusing to speak, lacking confidence, behaving rudely, having mood swings, refusing to listen to the social worker's advice, blaming others for their problems, having a negative mindset or outlook, missing appointments and breaking trust by lying. Because the clients are not there of their own volition, even if they are not inspired to act out in a physically aggressive manner, many refuses to engage in myriad other ways, as listed above.

Involuntariness results in a lack of participation due to depression or a lack of confidence on the part of clients. Firstly, they think that they are not respected and they lack a sense of their own self-worth, an attitude that is rather difficult to overcome. Involuntary clients are not interested in engaging in any sort of conversation because they feel that they are not normal and that society is making fun of them. Moreover, they are shy and unwilling to share information. Another way in which the clients were reported to be unable to engage was due to an imbalance or instability in their moods.

In some cases, the involuntary client refused to take the advice or solution offered by the social worker, rendering the interview exercise futile in many ways. Yet another common issue was client's refusal to take responsibility and blaming others for their problems, such as family, friends, society or even the therapist and often treating the worker as an enemy. Many involuntary clients acted out by missing appointments or refusing to set up appointments. In many cases, social workers rigorously chase after the clients in order to engage them into counselling.

All of these various actions, combined or individually, point to a refusal to participate in the process of social work. However, as these are issues on the part of the client rather than the social worker, it may be more difficult to address them. It may aid social workers if the clients are made to understand, in a context-specific and culturally sensitive way, that the social workers' role is not punitive in any way. Rather, the social worker has resources and aid to help get the client's life back on track. Making this clear can be done at the level of the courts and this can be subsequently reinforced by the social workers. By reminding the clients that the social support centres exist to help them and counsel them through some tough times in their lives, the former may be helped to perceive the social worker as a supportive and friendly presence.

Social workers can also undergo more trainings in dealing with recalcitrant or unwilling clients by learning techniques to engage those that are especially unable to control their reactions, as described above. This may also pertain to those undergoing mood swings, depression, lack of confidence and extreme shyness. In these cases, social workers may have to adjust their approach. Here again, prior research into the client's circumstances, team meetings and a pre-planned approach may help the social worker to have a more successful engagement with the client.

Study implications

Dealing with involuntary clients is undoubtedly viewed as an extremely tedious task for the social service workers in the UAE. This research clearly elucidates how demanding and testing it can be for the workers to cope up with the needs and requirements of their clients. It is not only difficult for the unwilling clients to set themselves into a new environment but along with that, it becomes entirely a brand-new challenge for the social service workers as well. This study has therefore, brought forth certain outcomes and implications that can serve as a highly useful contribution in this research area and also for the professionals who endeavour to investigate more into this particular context.

Firstly, it is important to establish formal frameworks, policies, and procedures for managing involuntary clients. The challenges highlighted in this research warrants a complete procedural framework wherein; a clarity must be given to the social workers to manage such challenges. Ideally, there should be an end-to-end framework for dealing with involuntary clients, beginning at the point of referral and extending even beyond the point of sign-off, incorporating post intervention support. This would enable the social service workers to successfully deal with the issues at the time of interaction. The end-to-end process would enable the social workers to handle such clients in a disturbing situation.

This study also suggests that purely Western research is not always applicable in countries such as the UAE. Indeed, interventions that appear to work in the West may be counterproductive in the Middle East. However, the key problem lies in the fact that there is now a significant body of theoretical research calling for the localisation of practice in the UAE, but very few empirical studies examine what is being done in terms of localisation of practice and what needs to be done. Sustained and focused research is now required to critically assess the drive for the localisation of practice and to determine how an authentic localised practice can be achieved. Also, there is clearly a need for some focused training as regard to the management of involuntary clients. This calls for the need of the establishment of effective professional relationship in order to build up a strong and trusting bond with the clients. Social workers should be exposed to various

professional training platforms that would enable them to effectively engage involuntary clients into counselling sessions and therapeutic processes. Such trainings would potentially enable the workers to strategize their counselling practice according to the humanistic approaches and would provide them with enough pragmatic experience to focus more towards relationship-based and solution-based practices with involuntary clients.

Furthermore, this research has not only endeavoured to shed light upon the challenges faced by the social workers in terms of their relationship with involuntary clients but also, it has delineated the impediments and difficulties faced by the workers in terms of their own personal growth and stability. This study has clearly showed how the challenges faced by the workers may lead towards their permanent lack of interest and the incapability to further deal with involuntary clients. It is hence suggested that authoritative bodies and the officials should keep a proper stock of all those clients who are sent to the workers for counselling. It is solely not the responsibility of the social workers to keep their clients' interest intact; to keep persuading them for frequently attending the sessions; and to maintain their clinical records with proper check and balance. This may result in adding more burden to their already existing burdensome job.

Lastly, this research has also emphasized upon the fact how social workers usually lose their focus when they are intentionally or unintentionally threatened by the involuntary clients. This study thus suggests that the stability, security and welfare of the social service workers must be kept as an utmost priority. The government of the UAE, the police department, the courts and the private licensed social centres should devise effective techniques and policies to ensure the job security, personal wellbeing and stability of the workers. With that, the social services authorities in the UAE must also work towards expanding the horizons for a brighter future and prospective career opportunities in social services for their existing workers and also for those who are looking forward to pursue it.

Future research directions and limitations

This researcher has explored various themes regarding the challenges being faced by the social workers. These themes can be tested via a survey method, which is at the core of quantitative data analysis. Hence, this research has provided the option for prospective researchers to verify the relationships among various factors identified in this study. To validate their findings, researchers can use advanced statistical techniques like Smart PLS and comparative analysis can be conducted between the results of Smart PLS and Structural Equation Modelling (SEM) by using AMOS software. A comparative study can be conducted wherein both in-depth, focused interviews along with focus groups, can be utilized on a single platform, i.e., within a particular location. Moreover, focus groups or observational studies with different social work centres can also be conducted to generate effective results. Future researchers can conduct a meta-analysis by combining the results of independent studies in the same area into dealing with involuntary clients and then developing summaries and conclusions to inform this field of investigation. A holistic approach would add value to the literature of social workers' practices with involuntary clients while these variety of studies could give a broader outlook to both academics and practitioners. This study used a cross-sectional approach. Challenges in dealing with involuntary clients are not constant, they keep on changing with time. In this regard, a longitudinal study can be conducted to capture changing strategies over time. With regard to the limitations, the participants' accessibility was the issue due to their work commitment and participation to address such sensitive areas. This hinders the researcher to add more participants. However, the researcher developed a comprehensive list of client support centers in UAE, addressed the study objective and prior consent was taken before the data collection. This enabled the researcher to overcome these limitations enabling the researcher to collect the study data.

Conclusion

Dealing with involuntary clients is to be done sensitively when the clients are not ready to discuss their problems at length, an aspect identified as part of the second objective proposed in this

study. The qualitative focused interviews revealed some important challenges which these social workers faced at the time of communication: clients' anger, frustration, embarrassment, reluctance and a lack of confidence, discipline and motivation. All of these pose huge challenges for social workers because they lead involuntary clients to a situation of poor communication with social workers. Such challenges serve as a bottleneck for social workers in terms of their workloads. The study has opened an opportunity for social science researchers and industry practitioners, managers and educators with regard to the challenges in dealing with involuntary clients in the context of the UAE. It has created new knowledge for social workers not only in the Middle East but also in other parts of the world wherein these challenges can be used to develop effective strategies when handling the involuntary clients. Hence, new learning for social workers across the globe has been offered. From the academic standpoint, this study gives in-depth insights into various challenges, which itself is an effective contribution to the literature.

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