Working with Difficult Patients
Goals of Misbehavior

- When an individual engages in problematic behavior, it is typically an attempt to get a need met.
- To effectively manage the conflict we must understand the underlying reason for the behavior and deal with it.
Attention

• The individual with this goal believes
• "I will not be overlooked. I demand special attention. You must stay busy and pay attention to me"
Typical reactions to an “Attention” Patient

- Annoyed
- Irritated
- Worried
- Guilty
Clues Your Patient may have a goal of Attention

• Always jumps into others' conversations
• Hangs out in public spaces looking for attention.
• Wears flamboyant clothes.
• Speaks in a loud or overly dramatic manner, even when it isn't called for.
Typical Responses to “Attention” Patients

• Stopping what you are doing and paying attention to the patient.
• Coaxing and reminding them of behavioral expectations.
• Problem: If their goal is to get your attention, they have succeeded and you’ve reinforce this behavioral pattern.
  – Typically, they may stop the behavior for a short time but will resume behavior once they realize they are not receiving attention anymore.
Improved Response

• Provide attention for positive behaviors.
• Do not be held hostage by demands for attention!
• Provide gentle reminders about appropriate ways in which to frame requests and ones which are inappropriate.
Power

• The individual with this goal believes
  – “I count only when I am dominating. I can do whatever I want.”
  – Only feels worthwhile if she or he is being boss and controlling everybody. Proves their importance by refusing to do anything you want.
How a provider feels when working with a “Power” Patient

• Angry
• Provoked
• Challenged
• Threatened
• Defeated
Clues your Patient may have a goal of Power

- Refuses to comply before hearing details
- “Drags feet”
- Acts overly suspicious of others
Typical Responses to a “power” patient

• Try to re-assert your authority
• May escalate conflict or become intractable in discussion
• This results in
  – The patient does not yield, but rather increases their behavior.
  – When they are able to control your response they feel important.
Improved Response

- Refusal to engage in a power struggle.
- Don’t engage in a discussion about logic or rationale for limits on behavior.
- In contrast to the patient’s emotional behavior provide a calm but firm response of choices available for behavior.
Revenge

• The patient’s beliefs may be best explained by the following statements
• “You hurt me and don't care about me. I will hurt you back where you are vulnerable”
Typical Feelings from a Provider

• Slightly scared
• Hurt.
• How can he/she do this to me?
Typical Responses from a Provider

• A desire to lash out
• Attempts to “lash out”
• Perhaps overly punitive behavior towards patient
• Results in...
  – Reinforcement of the view that others are “out to get them”
  – Escalation of behavior.
Improved Response

• Provide an empathic response
• Resist the attempt to lash out
• Take extra time and effort to help them
Assumed Inadequacy

• Patient typically ascribes to the belief
  – "You must feel sorry for my distress and grant me special service."
Typical Provider Emotional Responses

• Initially
  – Sympathy
  – A desire to rescue a patient

• Eventually
  – A feeling of being over-burdened by the patient’s neediness
  – Irritation
Typical Responses to Patient

- Doing for
- Over-helping
- Giving up on the patient

- This results in...
  - More passivity
  - Further retreating
  - No responses
Improved Response

• Express your faith in the patient’s ability
• Take small steps for improvement in behavior
• Encourage any small behavioral improvement.
BEHAVIORAL MANAGEMENT
Continuum of Responses

- Ignoring Behaviors
- Physical Presence
- Verbal De-escalation
- Removal from situation
- Removal from facility
- Involvement with outside authorities
- Long-term decisions about patient.
Self-Focused Management

• To effectively deal with a conflict you must be able to work from a rationally ordered state of mind.
• Use a low tone with a measured pace when talking with the patient
• Let go of being defensive
• Be respectful, even when it’s not reciprocated by the patient.
• Be aware of resources that you need if the de-escalation effort gets out of hand.
Physical Positioning

- Maintain the same eye-level as the patient
- Allow extra space between you and the patient
- Do not physically gesture towards the patient
- Do not touch the patient
- Attempt to limit number of persons involved, and make sure that those who are involved have the same approach.
Guidelines for Verbal De-escalation

• You only have one goal: reduce level of emotion and behavioral disturbance.
• You do not have to answer all questions; if a question is abusive, ignore it. Answering it will only increase levels of aggression.
• Focus on facts/cognitive elements of situation
Simple Method of Behavioral Limit Setting

• Acknowledge Feelings
• Communicate Limit
• Target Alternatives
Acknowledging feelings

• It is important that this step occurs before all others.
• In a brief sentence or two, communicate understanding of the patient’s feelings or desire.
• Ex: “I know you’re really frustrated and want your pain medications.”
Communicating Limits

• Briefly state the limit/rule that applies to their behavior.

• Approach it from an educational standpoint
  – Depersonalize the source of the rule
  – You might phrase it terms of something that is or is not for doing

• Example: “But, pain medications are not for taking when you’re taking drugs.”
Target Alternatives

• If we tell another human being what they cannot do, then tell someone what they can do.

• Example: “You can choose to ask for pain medications again when you’re not taking recreational substances or you can choose to explore other ways of managing your pain with me.”
Choices

• A simple method for returning the responsibility.

• Consists of outlining the choices a patient can make along with the results of those choices

• Ex: If you choose to show up to your appointment on time, you choose to get seen in a timely fashion. If you choose to show up late to your appointment you choose to have to wait longer to be seen.
Returning Responsibility

• Many providers have entered the medical field because of a desire to help others.

• However, it is important that we look at the costs of helping someone in the short-term vs. the long term.
Returning Responsibility cont’d

• Assess whether this is something the patient can realistically accomplish

• If the patient can accomplish this
  – Emphasize that you have faith in the problem solving abilities
  – Simply say, “I think that’s something you can do.”
• If a patient cannot accomplish the task.
  – Engage the patient in a discussion about what sort of help they think they need to accomplish their goals.
  – Healthcare is a collaboration between the provider and patient, don’t encourage your patients to be a limp fish.
Personality Priorities

• Typically, every individual is driven by one of four personality priorities.
• When an individual is under stress, they tend to seek to meet the need of that priority at the expense of all other needs, which may cause conflict.
Superiority

• Desire to be competent, and has a desire to show that they are “the best” and may try to show their superior abilities/talents over others

• They try hard to avoid feeling unimportant, marginalized, meaninglessness

• Dealing with the Superiority personality.
  – They need recognition of their accomplishment/ability/strengths
  – If a superiority patient starts to share all the research they’ve done on their illness you may want to notice their efforts to be proactive in their own healthcare.
Control

• Need to have control over themselves or their environment to feel safe and important.
• Most want to avoid criticism and ridicule, as a failure to control feels like a moral failing
• How to work with them
  – While not everything can be controlled giving them a sense of control by giving choices (even seemingly meaningless ones) can help them meet the need for control
Comfort

• Has a strong need for feelings of physical comfort and peace in their environment.
• Avoids: Pain and Stress
• How to work with Comfort patients:
  – Avoid requiring quick decisions from them
  – May need more time to process information and come to a decision.
  – May need to feel comfortable with you before they divulge all information or are invested in patient-provider relationship.
Pleasing

• Has a strong need to achieve the approval of others

• Avoids conflicts and situations in which rejection is even a remote possibility.

• How to work with pleasers
  – If you must confront them about something be gentle and sandwich critical information with positives.
  – Use empathy and emphasize the reason of the conflict is your care about them as a patient.