Webinar Objectives

- Identify common difficult situations.
- Formulate the behavior(s) to be targeted by the clinician and the team to address difficult clinical situations.
- Develop and apply a systematic approach to working with difficult clinical situations.
- Put the approach into practice with real case examples in a follow-up phone call.

Difficult Patients: How do they make you feel?

Name the emotions you experience when working with your difficult patients.

- ??
- ??
- ??
- ??

Who are the difficult patients?

- Help/rejecting patient
- Emotionally dysregulated patient
- Chronically suicidal patients
- The splitting patient (I hate my doctor, they hate me; the stories don’t match)
- The non-engaged patient:
  - the disappearing patient, who only comes in crisis
  - the patient who won’t talk
  - the patient who always agrees, but never follows through
  - the patient who wants something you can’t offer (i.e., more medication, housing, “a quick cure”)

What gets in the way?

Judgmental Statements

- “manipulative”
- “med seeking”
- “not doing anything”
- “not willing to do anything”
- “doesn’t want treatment”
- “angry at me for no reason”
- “annoying” or “demanding”
How can we be more effective?

Focus on behaviors

Why?

- To help us focus on treatment: create a target for intervention
- To align us with the patient – promotes patient centric care
- To solve the problem(s) faster

Understanding Consequences

- Patient Problematic Behavior: erratic attendance and always in crisis...
- Target: come in more consistently and not always in crisis

<table>
<thead>
<tr>
<th>Increase Target Behavior: WORKS!</th>
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<tbody>
<tr>
<td>Negative reinforcement: take away something (Example: brief, minimal interaction for the chronic crisis clinic presentation)</td>
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<tr>
<th>Doesn’t Work</th>
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<td>Positive reinforcement: adding something good (Example: long, thorough, warm, empathic interaction for the non-crisis clinic presentation)</td>
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<th>Punishment: acting something bad</th>
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</table>
| Example: judgmental and critical reaction

Strategy

5 Steps for Success!

- Name the emotions the patient is evoking in you.
- Define patient’s problematic behavior in functional terms.
- Identify your and your team’s treatment interfering behaviors.
- Develop a team-based behavioral approach to working with this patient (use reinforcement!).
- Address your needs for support in working with this patient (consultation, consistency, self care).

Take care of yourself!

Addressing Needs for Support:

- Do good self care for the emotional distress from your job (and life).
- Acknowledge your own and the system’s limitations – what you can and can’t affect; validate your efforts.
- Seek team/peer support (don’t “go it alone”).
- Get good consultation if needed.

5 Steps for Success

1. Emotions: frustration, anger, blame
2. Patient’s problematic behavior: help / rejecting – constantly late leaving less than ½ the appointment time, always comes in distressed initially
3. Team’s interfering behaviors: reinforce her late behavior by - allowing her to go over her allotted time, rescheduling her at last minute, staying late for her
4. Team based approach (MD, PA, nurse CC, PhD, MD psych): no longer seen in the same day if more than 10 minutes late, do not go over allotted time, keep interactions during business hours, reinforce her each time she’s seen and encourage her ability to succeed
5. Support: reinforce each other for sticking to the plan, monitor her behavior together, validate our success at keeping boundaries

Case Example

50 year-old Caucasian woman, Major Depressive Disorder, chronic pain, Pain Disorder with high anxiety and depression, ADHD – tx is focused on a Suboxone taper and mental health (depression and pain self management)

Consistently late
## Strategies for some typical difficult patients...

<table>
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<tr>
<th>Patient Presentation</th>
<th>Behavioral Strategies</th>
</tr>
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</table>
| Help / rejecting patient  
*Comes in late to appointments; asks for help then gets angry at providers* | • Validate  
• Be consistent  
• Practice good boundaries  
• Promote use of skills |

## Strategies for some typical difficult patients...

<table>
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| Emotionally dysregulated patient  
*Calling frequently and frantically; Crying entire session without being able to be redirected; Overstays sessions* | • De-escalation  
• Ground them  
• Triage (safety planning, problem solve, crisis manage)  
• Assess their current use of skills  
• Move to treatment – either problem solving or use distress tolerance/crisis management skills  
• Keep to session time limits |

## Strategies for some typical difficult patients...

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| Chronically suicidal patient  
*Every other visit patient presents with active SI; Regularly threatens to harm self* | • Triage (safety planning, problem solve, crisis manage)  
• Assess their current use of skills  
• Move to treatment – either problem solving or use distress tolerance/crisis management skills |

## Strategies for some typical difficult patients...

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| The splitting patient (I hate my doctor, they hate me; the stories don’t match)  
*Sits in entire session complaining about PCP; PCP has a different story than what the patient says* | • Validate patient’s perspective  
• Consider a joint meeting  
• Support and problem solve engagement with treating providers  
• Promote use of skills in working treatment team |

## The non-engaged patient...

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| The disappearing patient, who only comes in crisis  
*Presents in crisis, then no shows for several visits, then re-presents in crisis* | • Triage (safety planning, problem solve, crisis manage)  
• Assess their current use of skills  
• Move to treatment – either problem solving or use distress tolerance/crisis management skills  
• Create consistent schedule and consolidate care with treating providers  
• Reinforce any non-crisis driven interactions |

## The non-engaged patient...

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| The patient who won’t talk  
*Silent; Provider generates all ideas/goals* | • Focus solely on engagement (defer treatment)  
• Try to identify motivations for coming in and THEIR treatment goals (not your own) – ask “If our time was spent well, how would you know?” |
The non-engaged patient...

Patient Presentation | Behavioral Strategies
--- | ---
The patient who always agrees, but never follows through |
Does not complete homework; Makes many “great” excuses; Says “likes” the idea but does not follow through |
• Do more assessment to understand function of “agreeing” behavior |
✓ Is it a trust issue and lack of engagement (i.e., pushing for treatment before you have good credibility)? |
✓ Is it a cultural issue (i.e., agreeing out of respect)? |
✓ Is it a goal issue (i.e., the goal is too overwhelming or the goal is not aligned well with the patient’s goals) |
✓ Is it a lack of understanding or lack of skill

The non-engaged patient...

Patient Presentation | Behavioral Strategies
--- | ---
The patient who wants something you can’t offer (i.e., more medications, housing solutions/resources, “a quick cure”) |
Makes many demands or voices high expectations (housing fix, time, medications) |
• Do more assessment to understand function of the request |
✓ Is it a problem you can actually address? |
✓ Do they have distress tolerance skills to handle having a problem they can’t solve? |
• Focus on engagement |
• Better align treatment with patient goals

Questions?

Follow-up Case Call

Please prepare a case for discussion between the webinar and this follow-up call.

- Use the case presentation form provided to pick a case and prepare to present it during the call.
- You will need the following information:
  - brief description of the patient: age, gender, race/ethnicity, diagnoses, treatment goals
  - emotions the patient’s behavior produces amongst the treatment team
  - patient’s problematic behavior
  - team’s interfering behaviors
  - ideas for targeting problematic behaviors