Dealing With Difficult Patients

Paul Beighley, M.D.
Regional Medical Officer - Psychiatrist
US Embassy Cairo

Why this presentation?

Medical staff frequently come across ‘difficult people’

Learn how to deal with them more effectively

Not have their behavior hurt you – emotional immunization

Move from conflict into collaboration
Interacting With Difficult Patients

- Angry/demanding patients
- Depressed/distressed patients
- Suicidal patients

Active Listening Exercise
### How to Actively Listen

- Take charge of the setting
- Avoid interruptions
- Eye contact
- Summarizing statements
- Open ended questions
- Care
- Avoid blaming statements

### Clinical Detachment

- Detaching yourself from the emotional aspects of a situation
- Isn’t the same as not caring
- A skill that is learned
- Useful in many settings
- Child rearing
  - Resisting emotional arguments
  - Dealing with death/injury/disasters
Detachment Scale

- Overinvolved/Enmeshed
- Involved/Emotionally Invested
- Concerned/Engaged
- Detached Concerned
- Detached Indifference
- Apathetic

Effort/Time/Resources

Emotional Involvement

In a sudden moment of rare insight, Oscar saw himself as others saw him.
The Angry Patient

Demanding, entitled, rude and mean

Can be demoralizing and undermining

Behavior may be maladaptive or manipulative

Angry patient exercise

JH, a Consular Officer, presents to the clinic demanding. When told he can't be seen until next week, he flies and accuses the Health Unit of not caring about him.
Are You Sure You Aren’t Part of the Problem?

Are you sure that you aren’t overreacting?

Have you always experienced difficulties with the same type of person?

Interacting with angry patients

Resist temptation to fight back.

Are they in distress?

Set limits with supervisor support

Learn the culture!
But…

Some people lack social skills

Cultural miscues

Anybody can have a bad day

It isn’t really personal

“The fuel light’s on, Frank! We’re all going to die! ... We’re all going to die! ... Wait, wait… Oh, my mistake—that’s the intercom light.”
Bad Things Do Happen ....

It’s part of life ....

Car Accidents
Death of Family Members
Unexpected Job Loss
Illness in friend/family/self
Divorce
As well as terrorism, disasters, violence
Anything that challenges our unspoken,
emotionally traumatic

Stages of grief in death and dying

Denial
Anger
Bargaining
Depression
Acceptance
How to Help

Show interest, attention, and care

Show respect for individuals’ reactions and ways of coping

Find an uninterrupted time and place to talk

Acknowledge that this type of stress can take time to resolve

Believe that the other is capable of recovery

What Doesn’t Help

Rushing to tell someone that he or she will be okay or they just “get over it”

Acting like someone is weak or exaggerating

Giving advice without listening

Stopping the person from talking

Telling them that they were lucky it wasn’t worse
### PTSD

- Prolonged response to traumatic event
- Usually associated with person being involved in life-threatening event
- Anxiety/Depression symptoms predominate
- Treated with counseling/medications/time

### Assessing Suicide risk factors

- Previous attempts
- Alcohol abuse/dependence
- Mood disorder
- Social isolation
- Recent loss of relationship
Suicidality Spectrum

Depressed/overwhelmed with no suicidal ideation

Passive suicidal ideation without plan or intent, cooperative with safety measures

Passive suicidal ideation with risk factors

Active suicidal ideation without plan or intent

Assessing Suicidality

Active listening, supportive stance

Review of records and collateral history

Talk with friends and family

Ask the person
If you are concerned...

Get consultation with a mental health provider

Provide supervision/support of patient — safety first!

If evacuation — attendant

May need detox

May need hospitalization